

TOWN OF COLTON
SUBDIVISION PERMIT COVER APPLICATION

APPLICANT: Please complete the following application form and attach all required submissions.

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

FOR OFFICE USE ONLY

FEE _____

APPLICATION NO. _____

ZONING DISTRICT _____

PARCEL I. D. NO. _____

DATE PLANNING BOARD CHAIRMAN RECEIVED _____

MINOR SUBDIVISION (two to four lots)
MAJOR SUBDIVISION (five or more lots)
APA PROJECT (CLASS A) OR (CLASS B)
COUNTY MOU (239N)

FLOOD ZONE
WET LANDS
SEQR
DEC

NOTE: IF APPLICANT IS OTHER THAN THE OWNER(S) OF THE PROPERTY , A STATEMENT AUTHORIZING THE APPLICANT TO ACT AS AN AGENT FOR THE OWNER(S) MUST ACCOMPANY THE APPLICATION.

NAME OF SURVEYOR / ENGINEER: _____

ADDRESS: _____

DRAWINGS – SKETCHES – SUFFICIENT MAPPINGS MUST BE INCLUDED SHOWING STREAMS, MEADOWS, HILLS, VALLEYS, STRUCTURES, AND SIGNIFICANT ITEMS TO AID THE PLANNING BOARD.

A SURVEY IS NECESSARY TO OBTAIN FINAL APPROVAL.

GENERAL INFORMATION

LOCATION OF PROPERTY: _____

TOTAL ACREAGE: _____

TOTAL NO. OF PROPOSED LOTS INCLUDING ANY REMAINDER LOT: _____

LIST EACH LOT SIZE: _____

WHAT WILL LAND BE USED FOR? _____

IF FIVE OR MORE LOTS, WILL YOU ATTACH ANY DEED RESTRICTIONS OR COVENANTS
(IF YES, PLEASE SUBMIT) _____

UTILITIES: A. WATER SUPPLY –
_____ MUNICIPAL WATER SUPPLY
_____ WELL
_____ OTHER (DESCRIBE) _____

B. WASTEWATER DISPOSAL –
_____ MUNICIPAL SEWER SYSTEM
_____ PRIVATE SEPTIC SYSTEM
_____ OTHER (DESCRIBE) _____

RESULTS OF PERCOLATION TEST (IF APPLICABLE): REMARKS - _____

CHECK OTHER SERVICES THAT ARE ACCESSIBLE:

___ STORMDRAINS ___ ELECTRICITY ___ FIRE HYDRANTS ___ TELEPHONE

ARE MUNICIPAL UTILITIES EXTENSIONS REQUIRED? (LIST) _____

MAJOR ACCESS ROUTE TO PROPERTY: _____

IS NEW ROAD CONSTRUCTION PROPOSED? _____

NOTE; SEVEN (7) COPIES OF THIS APPLICATION ARE NEEDED.