

Date: _____ Application No. _____

**VILLAGE OF DEPOSIT PLANNING BOARD
APPLICATION FOR MINOR SUBDIVISION**

1. Landowner's Name: _____ Phone _____
Address _____
(Street No. and Name or PO Box) (State) (Zip)

2. Applicant (if different from #1): _____ Phone _____
Address _____
(Street No. and Name or PO Box) (State) (Zip)

3. Is the parcel within or 500' from any Agricultural District? ____ If yes, which one(s)? ____

4. Are you requesting any waivers from the Village of Deposit's Subdivision Requirements?
If so, please describe:

If you have any questions about your application or need any of the required forms, please contact the Village Clerk at 467-2492.

***** Upon approval, you must file your information at the Real Property Tax Services office and the Delaware County Clerk within sixty-two (62) days of the Village of Deposit Planning Board's endorsement. Failure to do so voids your application. *****

FOR PLANNING BOARD USE

Comments:

OVER

Date: _____ Application No. _____

REVIEW REQUIREMENTS

Date Classified: _____

Date Minor Plat (survey) submitted: _____

Ag Data Statement needed? _____ Receipts received? _____

Driveway permit(s) received? _____

County referral needed? _____ Referral date: _____

Recommendation received? _____

Public hearing held on: _____ Receipts received? _____

SEQR classification: _____ Determination: _____ Date of Action: _____

At a meeting on _____, 20____, the Village of Deposit Planning Board acted on your application for the proposed Minor Subdivision. By resolution of the Board, it was determined that the Minor Subdivision:

- _____ be approved
- _____ be approved with conditions
- _____ be denied

By: _____ Date: _____
Chair, Village of Deposit Planning Board

Conditions, if any, on the granting of approval of this **Minor Subdivision**:
