TOWN OF COLONIE
PLANNING BOARD
PLANNING & ECONOMIC DEVELOPMENT DEPARTMENT

SD # _____

PUBLIC OPERATIONS CENTER
347 OLD NISKAYUNA ROAD
LATHAM, NEW YORK 12110-2289
Phone (518) 783-2741 Fax (518) 783-2888
Planning Board Agenda (518) 783-1511
www.colonie.org/pedd

SUBDIVISION APPROVAL APPLICATION

NOTE: An approved "Application for Zoning Verification" and all attachments thereto must be submitted with this application.

SUBDIVISION TITLE: _____

ADDRESS OF SITE OF PROPOSED SUBDIVISION: (As Listed in Town Assessor's Records)

_____
NUMBER STREET

APPLICANT'S NAME*: _____

* Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address _____
Number Street City State Zip

Phone No. during business hours: _____ Fax #: _____

CONTACT PERSON: _____

Address _____
Number Street City State Zip

Phone No. during business hours: _____ Fax #: _____

NAME OF PRESENT PROPERTY OWNER: _____

Address _____
Number Street City State Zip

ENGINEER DESIGNING SUBDIVISION: _____

Address _____
Number Street City State Zip

Phone No. during business hours: _____ Fax #: _____

SURVEYOR DESIGNING SUBDIVISION: _____

Address _____
Number Street City State Zip

Phone No. during business hours: _____ Fax #: _____

APPLICANT'S PROPOSED ACTION: ( ) Residential Standard Subdivision ( ) Residential Cluster Subdivision
( ) Commercial Subdivision ( ) Subdivision Amendment

Area of parcel: _____ acres Number of lots proposed: _____ Length of new street(s): _____ feet

Access to: ( ) Town Highway ( ) County Highway ( ) State Highway

Town sewer extension proposed? ( ) YES ( ) NO Town water extension proposed? ( ) YES ( ) NO

APPLICANT'S SIGNATURE: _____

Print or Type Name Signed: _____ Date: _____

OFFICIAL USE ONLY: REVIEW FEE: _____ **DATE PAID:** _____ **RECEIPT #** _____