TOWN OF BARRE CODE OFFICE APPLICATION FOR SUBDIVISION REVIEW

| Site Address & SBL(s) _ | | Date: |
|---------------------------|---------------------------|---------------------------------------------|
| | | |
| Name of Applicant | | |
| Phone No | Fax No | E-mail |
| Applicant Address | | |
| Project Address | | |
| Site Acreage Pre | sent use of premise | s: vacant occupied as follows: |
| Present zoning classifica | tion | Is Rezoning required? □ yes □ no |
| Present Fire District | N | Nonrefundable Fee (see fee schedule) |
| Number of parcels propo | sing to subdivide _ | |
| Proposed use of the Pren | nises (attach additio | onal description as needed) |
| | | |
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| | | |
| _ | | |
| Has Rezoning Application | on been filed 🏻 ye | es \square no if yes, what classification |
| Are Use or Area Varianc | es needed yes | ☐ no if yes, list |
| Have you applied for Sit | e Plan Approval? C | l ves □ no |

| if yes, attach application | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Are there deed restrictions on the property? ues ues no | | |
| if yes, attach a copy of deed restrictions | | |
| Is this in a Water Benefitted Area □ yes □ no | | |
| if yes, will facility require a hook up? ☐ yes ☐ no | | |
| Does this property have access to public sewer? ☐ yes ☐ no | | |
| if yes, will facility require a hook up? \square yes \square no | | |
| If no, include a waste management plan | | |
| Please describe the status of any certificates from the Department of Health and/or New York State Department of Environmental Conservation | | |
| | | |
| _ | | |
| A Preliminary Plat is required drawn to an acceptable scale. The plat requirements are listed below and in Subdivision Law §14. If you do not think a requirement pertains to your application please write "n/a." | | |
| ☐ The name and address of the owner or owners of land to be subdivided and any professionals assisting in the application. | | |
| ☐ The date of the map, approximate true North point, scale and title of the subdivision. | | |
| ☐ An illustrative plan for lot and street layout indicating plans for connections to existing streets. | | |
| ☐ The subdivision's boundaries and the current owners of all contiguous properties and the names of any adjoining development. | | |

| ☐ The total acreage of the subdivision, the numdepth, and acreage or square footage of every production. | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|--|--|
| An illustrative plan for wastewater disposal a | and handling stormwater runoff. | | | |
| ☐ The zoning classification and tax map number(s) of the property to be subdivided. | | | | |
| ☐ The name and address of the owner or owners of land to be subdivided and any professional assisting in the application. | | | | |
| ☐ Include setbacks, density, and coverage. | | | | |
| ☐ Include any watercourses, marshes, rock out important land features. | crops, floodplains and wetlands, and other | | | |
| ☐ Include any concept plans for recreational land, parks or other open public spaces. | | | | |
| ☐ If proposing plants, include the size and type | es of plantings to be used. | | | |
| ☐ Location of all existing and any proposed sic property and adjacent to it. | lewalks, bikeways or footpaths both on the | | | |
| Attached to this application are the following (N | ote not every document may be applicable): | | | |
| ☐ Preliminary Plat ☐ | Full Environmental Assessment Form Part 1 | | | |
| ☐ Stormwater Pollution Prevention Plan | ☐ Site Plan | | | |
| ☐ Written Description of the Project | ☐ Special Use Permit Application | | | |
| ☐ Rezoning Application ☐ Other | ☐ Variance Application(s) | | | |

If you do not own the real property where the project will occur: Name of Owner(s) ______ Owner(s) Phone No. ______ Owner(s) E-mail _____ Owner(s) Fax No. ______ Owner(s) Address ______ Legal or Equitable interest Applicant has in the property: _______ I affirm under penalty of perjury that the contents of this application are true to the best of my knowledge. Applicant Owner By: ______ By: ______