

TOWN OF NEW HAVEN

APPLICATION FOR PROPOSED RESUBDIVISION

1. Applicant's Name: _____
2. Applicant's Address: _____
3. Applicant's Phone Numbers: Day _____ Evening _____
4. Name of Property Owner: _____
5. Address of Property: _____
6. Phone Number of Property Owner: _____
7. Real Property Tax Map Number: _____
8. Current Total Acreage: _____
9. Existing Use of Property: _____
10. Describe the lot size (s) for the proposed resubdivision: _____

11. Reason for resubdivision: _____
12. Will any or all of the new proposed properties be combined with existing parcels?

13. List all property owners within 200 feet of proposed resubdivision:

NAME

ADDRESS

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

Attach additional names and addresses, if necessary.

14. Identify any and all existing streets, highways, roads, easements or rights-of-way that abut the proposed resubdivision: _____

15. Are there any wetlands, wooded areas, public land or facilities or other significant physical features on or near to the site of the proposed resubdivision? _____ If yes, briefly describe: _____

16. Are there any other existing restrictions on the use of the land including deed restrictions or covenants that may impede or prohibit your application? _____ If yes, briefly explain: _____

Attach the following items to this application:

- a. Survey map of property.
- b. SEQR application-Short Form (Long Form may be required after the application process begins).
- c. Copy of deed of proposed resubdivision showing any covenants or restrictions covering all or part of the property.

I, _____, the undersigned, do hereby acknowledge that the information that I have provided in this application for proposed resubdivision in the Town of New Haven is true and accurate and I have made no attempt to falsify or lie about any of the information contained herein. I have read a Copy of the Town of New Haven Local Law No. 1 of the year 1994 and Local Law No. 2 of the year 2001 and I agree to comply with the terms and conditions therein.

I understand that signing this application does not mean that I have been approved, nor does it guarantee that I will be approved for resubdivision, as submitted.

Applicant's Signature

Print Name

For Official Use Only

Received by: _____ Date: _____

Approved: _____ Disapproved: _____ Date: _____