TOWN OF JERUSALEM
3816 Italy Hill Road
Branchport New York 14418
Phone: (315) 595-2284
Fax: (315) 595-2558

SUBDIVISION APPLICATION

MINOR ____ MAJOR ____

Application # _____ Fee _____ (See Fee Schedule)

Provide Ten (10) copies of this application, and all associated drawings

1. Name or Identifying Title of Subdivision _____
   Number of lots resulting _____

2. Subdivider* _____ Phone: _____
Mailing Address _____
City, State, Zip _____
   * If Applicant is not the owner of record, please provide the above information and a letter of authorization from the owner of record.

3. Licensed Land Surveyor or Engineer _____ Phone: _____
Mailing Address _____
City, State, Zip _____

4. Tax Map Number of Parcel to be subdivided: _____

5. Property Location (911 Address)*: _____
   * If a 911 address is not available, please provide a description of how to find the property: _____
   _____

Zoning District(s) _____ USDA Agricultural District YES ( ) NO ( )

Road Access: Private ( )* Town ( ) County ( ) State ( )
   * If Private, supply copy of ownership and maintenance agreement.

6. Current Land Use of site (agricultural, commercial, undeveloped, etc.) _____
_____

7. Character of surrounding lands (suburban, agricultural, wetlands, etc.) _____
_____

8. Are new public or private roads being proposed as part of this Subdivision? YES ( ) NO ( )

9. Are any variances being requested as part of this Subdivision? YES ( )* NO ( )
* If Yes, attach a full detailed description of each variance being requested.

10. Will there be any deed restrictions? YES ( )* NO ( )
*If yes, supply with application or list here: _____
_____

11. Will there be any extensive grading or fill required: YES ( )* NO ( )
* If yes, explain: _____
_____

I hereby affirm under the penalties of perjury that the information contained on this application is true and complete.

_____
Signature of Subdivider (Owner or Agent)

To be completed by the ZAP Secretary:

Date Application received: _____
Date of Sketch Plat Review (if applicable): _____
Date Fee is Paid: _____ Amt.: _____
Date of Hearing for Minor or Preliminary Hearing for Major Subdivision: _____
Date of water and septic approval for Major Subdivision: _____
Date the Road Cut(s) approval received: _____ N.Y.S. : _____
Date that Jerusalem Highway Dept.
accepted road drainage and street plans: _____
accepted and set a cost for bonding (if applicable): _____ Bonding: $ _____
Date that Full Environmental Assessment was found acceptable: _____
Date that Planning Board appointed persons visited site for engineering session: _____
Persons present: _____
Results: _____
_____
Is there a need for an engineering review or assessment of the site & submitted plans:
YES ( )* NO ( ) * If yes, date Town Engineer approved such design: _____
Date of Final Hearing for Major Subdivision: _____
Date of Planning Board Chair Sign-off _____
Date Town Clerk receives Final Plat with all approvals: _____

IB2

Referrals:

( )Town Attorney
( )Town Engineer
( )Town/County/State Highway Superintendent
( )Yates County Soil and Water
( )KWIC
( )Yates County Planning Dept.
( )Other

SEQRA Declaration: Negative ( ) Positive ( )