

Town Office Use Only:

Application No: _____

Date Received: _____

Town of Galway

SARATOGA COUNTY, NY
ESTABLISHED 1792
PLANNING BOARD

5910 Sacandaga Rd
Galway, NY 12074
Tele. 518.882.6070

Form #004-SUBDIV – APPLICATION FOR MINOR/MAJOR SUBDIVISION

INSTRUCTIONS - When requesting a subdivision:

- a) Applicants should complete Parts I and II of this Application form
- b) Submit Five (5) 11x17 copies and Five (5) -24x36 (minor subdivision)/Five (5) 11x17 copies and Five (5) 24x36 copies major subdivision) of a sketch plan or certified survey map showing the proposed subdivision.**
- c) Submit a completed SEQRA/EAF Short Form (attached or available at www.dec.ny.gov/permits/6191.html) Part I only, signed/dated.
- d) Application Fee must accompany application (*Please refer to the current Planning Board Fee Schedule available at Town Hall*)
- e) Additional material may be attached or listed on the reverse side of this application form.

Submit to attention of Planning Board Clerk (must be received by the 20th of the prior month to be placed on the agenda of the Planning Board for next month). The Planning Board meets on the Third Wednesday of every month at 7:00 p.m.

Part I. Applicant Information:

Name: _____

Mailing Address: _____

Telephone: _____ Optional Other Phone (specify) _____

Email: _____

Part II. Subdivision Information

Name of Current Property Owner: _____

If recent purchase, Name of Previous Owner: _____

Property Acquired by Applicant on: _____

Property Location (street/road name, house/lot #) _____

Subject parcel **Tax Parcel #** _____

Current Zoning District: Ag/Res () ; Lake District () ; Commercial – C1 () /C2 ()

Is your property on a State or County Road or Highway within 500' of municipal Boundary or in Saratoga County AG District AG2 ___ Yes ___ NO ?

Total Contiguous Acreage Owned: _____ Acreage to be Subdivided _____ Proposed # of Lots: _____

Name/Address of Surveyor and/or Engineer _____

_____ Phone _____

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Name of Subdivision (if applicable) _____

The objective of this proposal is to: *(Provide a brief narrative)*

ESCROW: As per section 115-64 A of the Town of Galway code any application may be required to establish an escrow account based on the estimated cost of the Town for professional review of the proposal. Professional review services include but are not limited to Engineers, Attorneys, Architects, Landscape designers, Surveyors, Appraisers, and Planners. For additional information refer to Section 115-64 A-G.

Initials _____

Driveway- All driveways shall be in conformance with the Zoning Section 115-25 of the Galway Town Code. For all driveways over 100feet long a preliminary driveway plan must be submitted to the Town Code Enforcement Officer to ensure adequate fire and emergency vehicle access prior to the issuance of a building permit.

Initials _____

I, _____, hereby known as the applicant for this action, do hereby affirm that all the information provided in this application is correct and accurate. I understand that furnishing information that is not correct, or fraudulent, may negate any findings and/or approvals granted by the town of Galway Planning Board in regard to this application.

Signed: _____ Date _____

Optional Authorization/Consent for Third Party Representation

I/We, the owner(s), or purchaser(s) under contract of the above subject property, do hereby give consent for:

Representative Name _____

Address _____ Phone _____

to represent me and to act on my behalf at all proceedings before the Town of Galway Planning Board in regard to this application.

Signed _____ Date _____

Signed _____ Date _____

Town of Galway

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Town Use Only:

Code Enforcement Review:

Date: _____

Application Complete: _____ [☐] Accepted [☐] Rejected

Submission of sketch plan: _____ [☐] Accepted [☐] Rejected

SEQR Form Submitted: _____ [☐] Accepted [☐] Rejected (☐) Waived

Referred to county: _____ Declaration: _____

Public Hearing: _____ [☐] Waived

Final Survey Submitted/Approved _____

Application Fee \$ _____ paid on _____ (date)

Additional Fee \$ _____ paid on _____ (date)

Final Approval / Filing Date: _____