

# COPAKE PLANNING BOARD

## APPLICATION FOR REVIEW OF SUBDIVISION

1. Name of Applicant: \_\_\_\_\_  
[ ] Owner [ ] Agent (All parties who are not the owner of record must have written authorization to represent them)

2. Name and Address of Owner: \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Agent: \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name and address of Surveyor or Engineer: \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Location of Proposed Subdivision [Tax Map Number and Street Address]:  
\_\_\_\_\_

5. Easements or other restrictions on the property:  
\_\_\_\_\_

6. Full name of all abutting owners and owners directly across adjoining streets:  
[Including those of other townships] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The undersigned hereby requests review by the planning board of the subdivision plot identified above.

\_\_\_\_\_  
Signature/Title  
\_\_\_\_\_  
Date

Office Use Only
Application Fee Rec'd (\$25.00) Cash _____ Check _____ Notes:
Preliminary Sketch Accepted - Date _____
Public Hearing - Date _____ Waved _____
SEQRA Long _____ Short _____
Final Approval - Accepted _____
Denied _____

**Please mail preliminary sketch to the office, at least 10 days prior to your scheduled meeting.  
Send to: Copake Planning Board, 230 Mountain View Road, Copake, New York 12516**