



COPAKE PLANNING BOARD  
 TOWN OF COPAKE  
 230 MOUNTAIN VIEW ROAD  
 COPAKE, NEW YORK 12516  
 (518) 239-1234  
 Fax (518) 329-4049

**Application For Major Subdivision**

**Name of Applicant:** \_\_\_\_\_

( ) Owner ( ) Agent *(All parties who are not the owner of record must have written authorization to represent the owner):*

**Owner Information:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agent Information:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Surveyor or**

**Engineer Information:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Location of Proposed Subdivision: (Tax Map Number and Address)**

\_\_\_\_\_

**Easements or other restrictions on the property:**

\_\_\_\_\_

**Full Names of all abutting owners and owners directly across adjoining streets: (including those of other townships)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The undersigned hereby requests a Major Subdivision review by the Planning Board for the above-mentioned location.**

\_\_\_\_\_  
Date

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

Please mail preliminary sketch to the office at least 10 days prior to your scheduled meeting. Please obtain a copy of the Zoning Regulations from the Town Clerk to obtain all the information that you will need to plan your subdivision - Section 197-7). Please have a survey to this office at least 10 days prior to your scheduled meeting. Send to: Copake Planning Board, 230 Mountain View Road, Copake, New York 12516.