

**Town of Broadalbin
Fulton County
Broadalbin, NY 12025**

APPLICATION FOR SUBDIVISION

1. Subdivision Name: _____

2. Subdivider:

Name: _____

Address: _____

Phone: _____

Property Owner: _____

Contract to Purchase: _____

If the applicant is not the owner of the property in question, this application must be accompanied by a notarized affidavit of authorization from the owner or his/her legal representative.

3. Surveyor/Engineer:

Name: _____

Address: _____

Phone: _____

4. Type of Subdivision: [] Minor; [] Major

5. Location of Proposed Subdivision:

Street or Road: _____

Tax Lot (Sheet and Block Number): _____

Proposed Number of Lots: _____

Easements or Usage Restrictions: _____

6. Names and addresses of property owners within 500 feet of all exterior boundaries of proposed subdivision.

7. Exceptions: **The applicant hereby requests the following exceptions or waivers of Planning Board Regulations:**

8. Signature of Applicant

Name: _____

Title: _____

Date: _____