Application for Minor Subdivision

Town of Clarence | Office of Planning & Zoning
(716)741-8933 | 1 Town Place, Clarence, NY 14031

Town Use Only

Date:

Received By:

INFORMATION:

Project Address:

SBL #:

APPLICATION REQUIRMENTS:

- Existing Property Survey ☐
- Proposed Property Survey(s) *Showing dimensions and acreage - not including ROW* ☐
- Environmental Assessment Form Part 1 ☐
- Owner Authorization Letter *If different than applicant* ☐

PROPERTY INFORMATION:

Zoning:

Flood Zone:

Wetlands:

Soils:

CONTACT INFO:

APPLICANT INFO

Name / Business:

E-Mail:

Phone #:

Address:

Town: State: Zip:

PROJECT SPONSOR INFO *If Different Than Applicant*

Name / Business:

E-Mail:

Phone #:

Address:

Town: State: Zip:

SIGNATURE

Application shall be filled out completely in the spaces provided. The complete Application shall be submitted to the Office of Planning and Zoning along with all necessary plans, maps, and supporting documentation. By signing below I certify that I have the authority to submit this Application, and further certify its contents to be true and correct.

Signed:

CORRESPONDENCE

Please indicate the preferred entity that shall receive the appropriate correspondence and billing associated with this Application. Please select only one.

☐	Applicant
☐	Project Sponsor

Town Use Only:

COMMENTS / CONDITIONS:

- Engineering Dept. ☐
- Assessor's Office ☐
- Planning Office ☐
- Highway Dept. ☐

Action: By: On: Fee: Paid:

Action: By: On: Fee: Paid: