TOWN OF ROCKLAND PLANNING BOARD
SUBDIVISION APPLICATION

APPLICANT NAME:_____
APPLICANT ADDRESS:_____
_____
APPLICANT PHONE #:_____

NAME OF PROPERTY OWNER:_____
LOCATION OF PROPERTY (please be specific)
ROAD NAME:_____
INTERSECTING ROAD:_____
OTHER IDENTIFYING MARKS:_____
_____
TAX MAP # – SECTION:_____**BLOCK**_____**LOT**_____

NUMBER OF LOTS IN SUBDIVISION:_____

PROPOSED IMPROVEMENTS:
ROADS_____
WATER_____
SEWER_____
OTHER_____

_____ _____
DATE FILED **SIGNATURE OF OWNER/AGENT**

State of New York
County of Sullivan

_____**being duly sworn, deposes and says that he/she is the applicant above named. He/she is the owner/agent of said property and is duly authorized to file this application and that all statements contained in this application are true to the best of his/her knowledge and belief.**

Date_____ _____
Notary Public

Accepted by: Town of Rockland Planning Board

_____**, Chairman**
_____**, Member**