SUBDIVISION PERMIT APPLICATION

Town of Caroline Code and Zoning Department
2668 Slaterville Rd
P.O. Box 136
Slaterville Springs, NY 14481
(607) 539-6400 Ext. 3

INSTRUCTIONS: Complete form, sign, and date. Please review the Caroline Subdivision Review Law.

CONTACT INFORMATION
APPLICANT:
ADDRESS:
PHONE:
EMAIL:
OWNER:
ADDRESS:
PHONE:
EMAIL:

PRIMARY CONTACT: ☐ APPLICANT ☐ OWNER

PROPERTY TAX MAP NUMBER(S):_____

ZONING DISTRICT(S):_____

PROJECT INFORMATION
☐ LOT LINE ADJUSTMENT *(see Section 204 of Subdivision Review Law)*
☐ SKETCH PLAN REVIEW *(see Article 4 and Section 802 of Subdivision Review Law)*
☐ MINOR SUBDIVISION *(see Article 5 and Section 803 of Subdivision Review Law)* Number of new parcels being created: _____
☐ MAJOR SUBDIVISION *(see Article 6 and Section 804 of Subdivision Review Law)* Number of new parcels being created: _____

FEE
$100 due at the time of Minor or Major Subdivision Review application

Authorization: I am the owner or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of New York that the information on the application and all information submitted herewith is true, complete, and correct.
Signature: Date: