

TOWN OF JERUSALEM
3816 Italy Hill Road
Branchport New York 14418
Phone: (315) 595-2284
Fax: (315) 595-2558

SUBDIVISION APPLICATION

MINOR ____ MAJOR ____

Application # _____ Fee _____ (See Fee Schedule)

Provide Ten (10) copies of this application, and all associated drawings

1. Name or Identifying Title of Subdivision _____
Number of lots resulting _____

2. Subdivider* _____ Phone: _____
Mailing Address _____
City, State, Zip _____

* If Applicant is not the owner of record, please provide the above information
and a letter of authorization from the owner of record.

3. Licensed Land Surveyor or Engineer _____ Phone: _____
Mailing Address _____
City, State, Zip _____

4. Tax Map Number of Parcel to be subdivided: _____

5. Property Location (911 Address)*: _____
* If a 911 address is not available, please provide a description of how to find the
property: _____

Zoning District(s) _____ USDA Agricultural District YES () NO ()

Road Access: Private () * Town () County () State ()

* If Private, supply copy of ownership and maintenance agreement.

6. Current Land Use of site (agricultural, commercial, undeveloped, etc.) _____

7. Character of surrounding lands (suburban, agricultural, wetlands, etc.) _____

8. Are new public or private roads being proposed as part of this Subdivision? YES ()
NO ()

9. Are any variances being requested as part of this Subdivision? YES ()* NO ()
* If Yes, attach a full detailed description of each variance being requested.

10. Will there be any deed restrictions? YES ()* NO ()
*If yes, supply with application or list here: _____

11. Will there be any extensive grading or fill required: YES ()* NO ()
* If yes, explain: _____

I hereby affirm under the penalties of perjury that the information contained on this application is true and complete.

Signature of Subdivider (Owner or Agent)

To be completed by the ZAP Secretary:

Date Application received: _____
Date of Sketch Plat Review (if applicable): _____
Date Fee is Paid: _____ Amt.: _____
Date of Hearing for Minor or Preliminary Hearing for Major Subdivision: _____
Date of water and septic approval for Major Subdivision: _____
Date the Road Cut(s) approval received: _____ N.Y.S. : _____
Date that Jerusalem Highway Dept.
accepted road drainage and street plans: _____
accepted and set a cost for bonding (if applicable): _____ Bonding: \$ _____
Date that Full Environmental Assessment was found acceptable: _____
Date that Planning Board appointed persons visited site for engineering session: _____
Persons present: _____
Results: _____

Is there a need for an engineering review or assessment of the site & submitted plans:
YES ()* NO () * If yes, date Town Engineer approved such design: _____
Date of Final Hearing for Major Subdivision: _____
Date of Planning Board Chair Sign-off _____
Date Town Clerk receives Final Plat with all approvals: _____

Referrals:

- ☐ Town Attorney
- ☐ Town Engineer
- ☐ Town/County/State Highway Superintendent
- ☐ Yates County Soil and Water
- ☐ KWIC
- ☐ Yates County Planning Dept.
- ☐ Other

SEQRA Declaration: Negative ☐ Positive ☐