TOWN OF FRANKFORT

PRELIMINARY LAYOUT APPLICATION WITH PROOF OF OWNERSHIP

1. Subdivision Owner's Name_____

   Address:_____

   Telephone Number:_____

2. Name of Agent / Engineer_____

   Address:_____

   Telephone Number:_____

3. Subdivider shall prepare a preliminary layout together with the following supplementary or supporting material, spelled out in Phase Two (2) of the Subdivision phases attached.

4. I certify that the information provided is true to the best of my knowledge.

_____ _____

Date Signature

5. Send Complete form to: Town of Frankfort Planning Board
   201 Third Ave
   Frankfort, NY 13340

6. Send completed form fourteen (14) days prior to the Regular Planning Board Meeting.