

TOWN OF MINERVA
APPLICATION FOR SUBDIVISION PLAT APPROVAL

1) Application is made for:

- ☐ Preliminary Plat Approval
☐ Final Plat Approval

TOWN USE:

Date Received: _____ **BY:** _____

Date Approved: _____

2) Applicant.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

3) Surveyor / Engineer.

Name/Company: _____

Address: _____

Office Phone: _____ Cell Phone: _____ Other: _____

4) Required Information. *As specified in Article 5 of the Town of Minerva Subdivision Control Law*

5) Signature of Applicant.

Date: _____

Subdivision plats will be reviewed in accordance with the Town of Minerva Subdivision Control Law. At its first meeting to consider a subdivision plat the Planning Board will determine whether the application is complete, or if additional information is required, including any requirements of the New York State Environmental Quality Review Act (SEQRA). Time frames for review shall not begin until a complete application is submitted.

***** For Town Use Only*****

Date Reviewed: _____

Date Application deemed complete by Minerva Planning Board: _____

Planning Board Chair Signature: _____

Modifications, conditions, or reasons for disapproval: