TOWN OF ROCKLAND
LOT IMPROVEMENT APPLICATION

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

Name of Property Owner:_____
Location of Property: SBL #:_____
Street Name:_____
Intersecting Road:_____
Other identifiers:_____
_____

Are lands being purchased for this lot improvement?_____
From whom?_____
Is the transaction complete?_____
Is this property located in a subdivision?_____
If so, how many lots in subdivision?_____
Proposed improvements to be made: (yes/no)
Roads_____
Water (private/town)_____
Sewer (private/town)_____
Utilities_____
Perk & Deep Test Pit results: complete_____incomplete_____

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
_____ Date