

TOWN OF CINCINNATUS
2770 Lower Cincinnati Road P.O. Box 313
Cincinnati, New York 13040

Subdivider Name _____ **Date Received** _____

Minor Subdivision Procedures

- 1. Submit seven (7) copies of the sketch plan to the Town Clerk fourteen (14) days prior to the regularly scheduled monthly board meeting. Plans may be made available to the Cortland County Planning Department, Soil and Water Conservation District, County Highway Department and other appropriate agencies that sketch plans indicate may impinge upon.
- Additional time may be required for adequate response from above agencies
- 2. Request Sketch Plan Conference (optional). Town Clerk can advise time, date and location of the Sketch Plan Conference.
- Subdivision will be classified as Minor or Major at this conference or at the regularly scheduled town Board meeting if no conference is requested.
- Date _____ Time _____ Place _____
- Subdivisions classified as Minor will be allowed to proceed directly to an application for final plat.
- Sketch Plan Conference does not require formal application fee or official filing with the Town Board.
- 3. Cortland County Department of Health approval may be required for any subdivision. Early contact by the subdivider and acknowledgment from the health department on its determination as to feasibility is required. Attach appropriate correspondence.
- 4. Information Required for Final Plat Submission:
- Name and address of subdivider and professional advisers. Include License Numbers and Seals, if any.

- _____ • Map of property by a licensed land surveyor drawn to a scale appropriate to show clearly all existing and proposed improvements to the subdivision.
- Subdivision name, scale, north arrow, date tax map number and military lot number.

- _____ • Subdivision boundaries including name of owner, deed book and page and bearings and distances on all existing and proposed property lines.

○ NORTH: Name _____/Bk _____Pg _____

Bearings and Distances _____

○ SOUTH: Name _____/Bk _____Pg _____

Bearings and Distances _____

○ EAST: Name _____/Bk _____Pg _____

Bearings and Distances _____

○ WEST: Name _____/Bk _____Pg _____

Bearings and Distances _____

- _____ • Contiguous properties and names of their owners, locations of wells and septic systems if within 300 feet of proposed subdivision.

Name _____N/S/E/W (circle one)

_____Well _____Septic _____(Circle one or both)

Name _____N/S/E/W (circle one)

_____Well _____Septic _____(Circle one or both)

Name _____N/S/E/W (circle one)

_____Well _____Septic _____(Circle one or both)

- _____ • Existing and / or proposed roads, utilities, structures, wells, septic tanks, cesspools, dry wells, tile fields, etc.

<u>Item</u>	<u>Name</u>
_____	_____
_____	_____
_____	_____
_____	_____

- _____ • Water courses, wetlands, (if NYS designated so indicate), public facilities, and other significant physical features on or near the site.

- • Proposed pattern of lots including lot widths and depths, road layout, open space, drainage, water supply and sewage disposal facilities as well as electric distribution lines including in ground or above ground location. (if applicable)
- • Land contours at minimum intervals of five (5) feet, or other suitable indicators of slope.
- • Subsurface conditions on the tract, if required by the board.
 - Location and results of soil percolation tests if individual sewage disposal systems are contemplated.
- • Copy of Tax Maps
- • Existing and proposed restriction on the use of land including easements, covenants, zoning, flood hazard areas, deed restrictions, agricultural and historic district properties and unique natural areas.
- • Total acreage of subdivision and area of each lot proposed to within one tenth of an acre or given in square feet.
- • Existing and / or proposed building types, if any, including their approximate size and actual or estimated value at time of application.
- • A certification from the Town/County Superintendent of Highways indicating that the existing highways to said property are adequate to support the increased volume of traffic which will be generated by the subdivision.
- • All documents, seven (7) copies, that may have been changed at the Sketch Plan Conference or during the review of the applications to be corrected and resubmitted prior to approval and filing with the Cortland County Planning Department and the Cortland County Soil and Water Conservation District.
- • If the minor subdivision is to be located within the Cincinnatus Water District or within 500 feet of the existing district, the water supply facilities shall be designed to meet the specification of the Cortland County Department of Health and the Cincinnatus Water District. A statement from the health department and the Cincinnatus Water District Superintendent is to be submitted with this application.

NOTE; THIS LISTING OF PROCEDURES IS FOR ASSISTING THE SUBDIVIDER ONLY IN ACCUMULATING THE NECESSARY INFORMATION AND DOCUMENTATION FOR SUBMISSION OF A MINOR SUBDIVISION. THESE PROCEDURES ARE NOT INTENDED TO CHANGE, ELIMINATE REQUIREMENTS OR MAKE EXCEPTIONS TO THE EXISTING LAW. REFER TO THE ACTUAL LAW FOR COMPLETE IN-DEPTH DETAILS AND PROCEDURES

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RECORD OF SKETCH PLAN CONFERENCE

Name of Subdivision: _____

Location: _____

Name of Subdivider : _____

Address: _____ Telephone : _____

Licensed Surveyor or Engineer: _____

Address: _____ Telephone : _____

SKETCH PLAN CONFERENCE:

Persons Present: _____

Date: _____ 20__ Place: _____

SUMMARY OF PROCEEDINGS: _____

INSTRUCTION TO SUBDIVIDER: It is suggested that you keep a record of the proceedings involved in the review of your request for subdivision on this form.

TOWN OF CININNATUS
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Cincinnatus, New York 13040

Notice of Decision on Final Plat for Subdivision

Date: _____, 20__

To: _____

Address: _____

Name of Subdivision: _____

Owner: _____

Address: _____

The Town Board of the Town of Cincinnatus at the regular town board meeting or the Sketch Plan Conference (minor subdivisions only) on _____, 20__, voted on the proposed subdivision as presented. By the majority of votes cast, the above named subdivision was approved / disapproved.

Remarks:

By Order of the Town Board
Town of Cincinnatus

Town Clerk

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NEW SUB-DIVISION PARCELS

Sub-Division Name: _____

Parcel No. _____

Date Approved: _____

Tax Map No. Parcel Divided From:

Street Lighting District: ☐ Yes ☐ No

Water District: ☐ Yes ☐ No

Special Conditions, If any:

Copies to be sent to Tax Assessor and Water Billings Clerk

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CERTIFICATION OF REVIEW
From The Cortland County Health Department

This document is to certify that _____ (subdivider)
and _____ (owner of record),
proposing to subdivide property located at _____ in the
Town of Cincinnatus have submitted a surveyors map, prepared by a licensed
surveyor, to the Cortland County Health Department for preliminary review and
proposals for water supply and sewage disposal have been discussed.

AND, no major obstacles to prevent a satisfactory installation of a water
source and a sewage disposal system can be anticipated from this preliminary
review.

Exceptions and Remarks:

Dated _____, 20__

Signed: _____

Title: _____

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CERTIFICATION OF REVIEW
By
Cortland County Highway Department
OR
Town of Cincinnatus Highway Department

This document is to certify that _____ (subdivider)
and _____ (Owner of Record) ,
proposing to subdivide property located at _____
the Town of Cincinnatus have submitted a surveyors map, prepared by a licenses
surveyor, to the Cortland County Highway Department (for property located on a county
highway) or the Town of Cincinnatus Highway Department (for property located on a
town road) for preliminary review of proposals for drainage, driveways and impact on
existing traffic loads to the area have been discussed.

AND, no major obstacles to prevent satisfactory construction of driveways,
adequate drainage, etc., are anticipated from this preliminary review.

Exceptions and Remarks:

Signed: _____
(Owner)

Date: _____ 20__

Signed: _____
(County or Town Official)

Title : _____
Date: _____ 20__

APPLICATION FOR VARIANCE

TO: ZONING BOARD OF APPEALS TOWN OF CINCINNATUS

FROM: ZONING OFFICER

NAME OF APPLICANT _____

JOB SITE ADDRESS _____

TAX MAP NUMBER _____

APPLICATION NUMBER _____ DTD. _____ HAS BEEN REJECTED UNDER THE
PROVISIONS OF ARTICLE(S) _____ SECTION _____

REASON FOR VARIANCE _____

IF BY NOT GRANTING THIS VARIANCE, WILL RESULT IN PRACTICAL DIFFICULTIES OR
UNNECESSARY HARDSHIPS, PLEASE LIST WHY THIS WOULD CAUSE SUCH HARDSHIPS

SIGNATURE OF ZONING OFFICER _____

SIGNATURE OF APPLICANT _____

A DEPOSIT OF FIFTY DOLLARS AND A COPY OF THE BUILDING PERMIT MUST
ACCOMPANY THIS APPLICATION. AFTER EXPENSES INCURRED TO THE TOWN(DUE TO
THIS APPLICATION OF VARIANCE) ARE PAID, THE REMAINDER OF THE DEPOSIT, IF ANY,
WILL BE RETURNED TO THE APPLICANT. IF THE EXPENSES ARE MORE THAN FIFTY
DOLLARS, THEN THE APPLICANT MUST SUBMIT SAID AMOUNT BEFORE THE VARIANCE
IS ACTED UPON.

FORM AV5-02