

Town of Berne



P.O. BOX 57
BERNE, N.Y. 12023
(518) 872-1448
FAX (518) 872-9303

TOWN OF BERNE PLANNING BOARD SUBDIVISION APPLICATION

SUBDIVISION NUMBER: _____

DATE RECEIVED: ____ / ____ / ____

Purpose of Subdivision: _____

1. Name of proposed subdivision: _____
2. Tax Map # : _____
3. Present Owner of Record:
Name: _____
Address: _____
Telephone # : _____
4. Applicant (If different from Owner of Record):
Name: _____
Address: _____
Telephone # : _____
5. Representative (If different from Owner of Record and/or Applicant):
Name: _____
Address: _____
Telephone # : _____
6. Licensed Land Surveyor or Engineer:
Name: _____
Address: _____
Telephone # : _____
7. Is acreage to be subdivided under option or contract to sell? Yes or No
If yes, to whom:
Name: _____
Address: _____
Telephone # : _____
8. Do any of the principals listed above own land adjacent to or abutting the area to be subdivided? Yes or No
If yes, itemize the properties and show approximate acreage:

9. Is the proposed subdivision located entirely in the Town of Berne? Yes or No
If not, list the municipalities in which the subdivision is located with the approximate percent of area in each:

As Owner of Record, I (We) have read the foregoing instrument and accept as accurate the information contained therein.

Owner's Signature: _____

Date: _____

Owner's Signature: _____

Date: _____