FORM NO	. 4		
p. 1 of	2		
PROJECT	NO.		

TOWN OF PIERCEFIELD, N.Y.

SUBDIVISION APPLICATION PRELIMINARY PLAT CHECKLIST

1.

2.

3.

4.

5.

6.

If Yes, what date was it filed?

Where was it filed?

ADDRESS: PHONE: () DATES: a. Date Preliminary Plat submitted: b. Deadline for forwarding to Planning Board: c. Deadline for Planning Board hearing: d. Deadline for Planning Board action: e. Other dates (specify): PRELIMINARY PLAT CONTENT: (Answer the following with yes or no) Yes No NA = Not Applicable Has the applicant submitted: a. Preliminary plat titled "Preliminary Plat"? b. Name of subdivision? c. Scale of map? d. Date of map? e. North arrow? f. Location within Town? g. Topographic data? h. Tract boundaries, area, street layout? i. Name and ROW of each street or other ROW? j. Location of all utilities? k. Names of property owners within 500 feet? l. Location, dimensions, owners of record and purpose of any eastments? m. Lots numbered and blocks lettered? n. Identification of dedicated or reserved sites? o. Minimum setback lines identified? n. Summary of data (See Art. V, S.1.1K)? Five copies of preliminary plat?	APPLICANT NAME:	•	
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	Is the proposed acenvironment? Yes		to have	a signific	ant effect	on the	
•	OTHER COMMENTS						
ate	e submitted to Plan	nning Board:					

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