Application #	·
Date	

## TOWN OF DEPOSIT PLANNING BOARD

## APPLICATION FOR SKETCH PLAT REVIEW

\*Attach three (3) copies of the proposed Sketch Plat in accordance with §303 of the Town Subdivision Regulations.

1.	Name of Subdivision:	
2.	Name of Owner/ApplicantAddress	Phone / Fax #
3.	Name of Engineer/ Land SurveyorAddress	Phone /Fax #
4.	Name of Attorney	Phone / Fax #
5.	Location of Subdivision:  On the side of, (Direction) (Road)	
6.	Deed Reference: Liber Page	
7.	Tax Map Designation: Sheet Block Lot(s)	<del></del>
10.	Total Acreage Number of Lots	
L1.	List all contiguous holdings in the same ownership:	
	Sheet Block	Lot(s)
2.	Special Districts: School Fire	Postal Other
13.	Is parcel within or adjacent to any Agricultural Distri	cts? If yes, which:
[4,	Existing restrictions including but not limited to ease	ments and deed covenants on parcel.
15.	Existing Conditions: List all relevant existing site cosystem, etc. Proceed to question # 17 to list each forth for each:	nditions such as existing access, well, septic exception or waiver requested with the reason set

17.	Requested Exceptions: The Planning Board is hereby requested to authorize the following exception to, or waivers of, its regulations governing subdivisions. List exception or waiver with the reason s forth for each:
	DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY? (Federal, State or Local). If yes, list agency name and permit / approval:
co.	MMENTS and RECOMMENDATIONS ( For Planning Board Use )
sub	, hereby depose and say that all the above statements contained in the parmitted herewith are true.
sub Sigr	, hereby depose and say that all the above statements contained in the pap

THE TOWN OF DEPOSIT PLANNING BOARD MEETS ON THE 2nd Thunsday OF EVERY MONTH AT 7:20PM IN THE TOWN OF DEPOSIT TOWN HALL: (607) 467-2433 Mon-Fri 8:30 am-4:30 pm