TOWN OF ULSTER PLANNING BOARD

584 EAST CHESTER STREET BYPASS, KINGSTON, NY 12401

PHONE - 845-340-3884 Email: Planningzoning@townofulster.ny.gov

APPLICATION FOR SUBDIVISION/LOT LINE REVISION

Date _____

Applicant's Name _____ Phone _____

Company Name _____

Address _____

Email _____

Owner's Name _____ Phone _____

Address _____

Email _____

Site Address: _____

SBL (Section, Block & Lot) _____ Zoning District _____

Acreage of Current Parcel _____ Number of Lots to be Created _____

Is the site located in an existing municipal water district? □ Yes □ No

Is the site located in an existing municipal sewer district? □ Yes □ No

---

The following documents must be submitted with the application:

Written Narrative Describing the proposed action (one page preferred)

Subdivision Plat Map as per Section 161-25 of the Subdivision Regulations (Contact Planning Department for number of copies.)

Electronic copy of all documents

Preliminary Construction Plans if improvements are proposed

Signed SEQRA Environmental Assessment Form, (EAF), Part 1

Topographic Survey may be required

Application Filing Fee & Escrow, with Escrow Agreement Form

Additional items may be required by Town staff or Planning Board.

TOWN OF ULSTER PLANNING BOARD

584 EAST CHESTER STREET BYPASS, KINGSTON, NY 12401

PHONE - 845-340-3884 Email: Planningzoning@townofulster.ny.gov

APPLICATION FOR SUBDIVISION/LOT LINE REVISION

ALL DOCUMENTS MUST BE SUBMITTED 3 WEEKS PRIOR TO THE MEETING. SEE WEBSITE FOR DATES.

I, _____, give my permission for _____ to act as my agent in all aspects of my application that has been submitted to the Town of Ulster Planning Board.

I Hereby give permission to the Town or the Town's legal representative to visit the site and conduct an on-site inspection.

I understand that my agent will attend all meetings on my behalf and act as a liaison between myself and the Planning Board.

_____ _____

Owner's Signature **Date**

Received on: _____

File #: _____