

TOWN OF ULSTER PLANNING BOARD

584 EAST CHESTER 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 \_\_\_\_\_ Zoning District \_\_\_\_\_

Section Block & Lot \_\_\_\_\_

Site 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 # 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**

**Escrow Agreement Form**

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

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**ALL DOCUMENTS MUST BE SUBMITTED 2 WEEKS PRIOR TO THE MEETING**

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 me and/or my agent will attend all meetings on my behalf and act as a liaison with the Planning Board.

\_\_\_\_\_

\_\_\_\_\_

Owner’s Signature

Date

\_\_\_\_\_

Received on \_\_\_\_\_

File # P- \_\_\_\_\_