

Town of Cobleskill Planning Board
PO Box 327
Cobleskill, NY 12043

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APPLICATION FOR REVIEW AND APPROVAL OF SUBDIVISION PROPOSAL

- 1) Tax Map#: _____ Zone: _____
- 2) Name or Identifying Title of Subdivision: _____
- 3) Owner of property for which Subdivision is being submitted:
Name: _____
Address: _____
Phone/Fax: _____ Email: _____
- 4) Presenter: (Letter of authorization if presenter is not owner) _____
- 5) Licensed Land Surveyor or Engineer:
Name: _____
Address: _____
Phone/Fax: _____ Email: _____
- 6) Location of Proposed Subdivision: _____
- 7) Generally describe any easements or other property restrictions: (Please attach copy of deed)

- 8) Write names of adjoining landowners on back of application.
- 9) Requested Exceptions. The Planning Board is hereby requested to authorize the following exceptions to or waivers of its regulations governing subdivision.

The undersigned hereby requests approval by the Planning Board of the above identified subdivision plot. I hereby acknowledge that I or my authorized agent have read this application in full and followed zoning law procedures as outlined in the Town of Cobleskill Subdivision Regulations and Zoning Law.

Signature: _____ Date: _____

**The appropriate subdivision fee will be collected; by the Secretary, after classification of the proposed subdivision is designated by the Planning Board.
(see article IV, section 4.1 (a) & article V, section 5.21 (a) in the subdivision regulations)**

9 copies of the sketch plan must be submitted to the Planning Board Secretary, at the above address, fifteen (15) days prior to the meeting.

The Planning Board meets every 3rd Wednesday of each month @ 7pm in the Village of Cobleskill building located at 378 Mineral Springs Rd.

Application will expire within one (1) yrs date of its submission unless a written extension; which is mutually agreed upon by owner and the Board, is submitted.