VILLAGE OF CENTRAL SQUARE PLANNING BOARD

3125 East Avenue – PO Box 509
Central Square, NY 13069
Phone: 315-668-2558 Fax: 315-668-7037

SUBDIVISION APPLICATION

(PLEASE TYPE OR PRINT NEATLY)

1. Project name or title _____

2. Subdivider: (Supply statement of relationship, if not owner.)
   Name _____

   Address _____

   Telephone (Days) _____ (Evenings) _____

3. Licensed Land Surveyor or Engineer:
   Name _____

   Address _____

4. Location of Subdivision: _____

5. Tax Map Number(s) _____

6. Describe any easements or other restrictions on the subject property (provide map):

7. Requested Exceptions. The Planning Board is hereby requested to authorize the following exceptions or waivers of its regulations governing subdivisions (provide separate sheet if necessary):

8. I (we), the undersigned hereby request approval by the Planning Board of the above indentified Subdivision Plat:

_____ _____ _____
(Signature) (Title) (Date)