



*Town of Fishkill
Planning Department*

FOR OFFICE USE ONLY	
Application No.:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Application Fee:	<input type="text"/>
Escrow Deposit:	<input type="text"/>
Escrow Account No.:	<input type="text"/>

APPLICATION FOR SUBDIVISION AND RESUBDIVISION OF LAND

APPLICANT'S INFORMATION (ENTIRE SECTION MUST BE COMPLETED)

Name: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail Address: _____

PROPERTY OWNER'S INFORMATION (ENTIRE SECTION MUST BE COMPLETED)

Name: _____
Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail Address: _____

REPRESENTATIVE'S INFORMATION (ENTIRE SECTION MUST BE COMPLETED)

Name: _____
Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail Address: _____ License No.: (if applicable): _____



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PROPERTY INFORMATION (ENTIRE SECTION MUST BE COMPLETED)

Tax Grid Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	Acres:	<input type="text"/>					
Tax Grid Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	Acres:	<input type="text"/>					
Tax Grid Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	Acres:	<input type="text"/>					
Tax Grid Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	Acres:	<input type="text"/>					

Location of property: _____

Property Street Address: _____

Property Street Address: _____

Property Street Address: _____

Property Street Address: _____

Property is located in _____ Zoning District(s)

PROPOSED SUBDIVISION INFORMATION (ENTIRE SECTION MUST BE COMPLETED)

Proposed name of subdivision: _____
(If this application is for a resubdivision of land please list the Approved Subdivision's Name)

Total Number of lots proposed: _____
(Please list Proposed Lot No. and proposed acreage per lot below):

Proposed Lot No: _____	Proposed Acreage: _____
Proposed Lot No: _____	Proposed Acreage: _____
Proposed Lot No: _____	Proposed Acreage: _____
Proposed Lot No: _____	Proposed Acreage: _____

Brief Description of the Proposed Subdivision or Resubdivision: _____



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The owner/applicant has interest in the abutting property as stated below or on the attached sheet: (If none so state): _____

Does the applicant proposed to submit a Final Subdivision Plat to cover the entire preliminary layout or file same in sections? No Yes If yes, please describe _____

Does the applicant propose to dedicate to the Town any or all streets and/or and/or highway, which may be shown on the preliminary layout? No Yes If yes, please describe _____

The Applicant proposes to dedicate for public use for park and/or playground purposes _____ acres of land.

Does the Applicant intent to request from the Board any waivers of requirements of the Sudivision of Land Regulations upon submission of the Final Plat for approval? No Yes If any waivers of these requirements are to be requested, list each of them below and indicate the reasons that any such requirements should be waived.

**PROFESSIONAL ENGINEER OR LAND SURVEYOR INFORMATION
(ENTIRE SECTION MUST BE COMPLETED)**

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____ License Number: _____

*Town of Fishkill
Planning Department
807 Route 52 - Fishkill, NY 12524
Phone: (845) 831-7800 ext. 3328 - Fax: (845) 831-3256*



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STATEMENT OF CONFORMANCE

I/We, the undersigned, hereby acknowledge that I/We, have read this application and state that the information contained herein is correct and agree to comply with all the Town and County Ordinances and State Laws regarding Subdivision of Land. I/We, hereby authorize the Town of Fishkill Planning Board, Town of Fishkill Officials and/or Town of Fishkill Consultants to enter and inspect this property at any reasonable hour of the day, including Saturday and Sunday.

Applicant's Signature

Date

Property Owner's Signature

Date

Representative's Signature

Date



*Town of Fishkill
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Checklist: (as may be applicable)

Applicant's Name: _____

Subdivision Plat Title: _____

- | | |
|---|--|
| Site Plan | Storm Drainage |
| Applicant's Name(s) | Refuse Storage |
| Applicant's Address | Other Outdoor Storage |
| Subdivision Plat Preparer's Name | Water Supply |
| Subdivision Preparer's Address | Sanitary Disposal System |
| Subdivision Plat Date | Fire Hydrants |
| Subdivision Plat Revision Date(s) | Building Locations |
| Area Map Inset | Building Setbacks |
| Site Designation | Building Elevations |
| Abutting Property Owners & addresses - 500' of project site | Divisions of Occupancy |
| Plot Plan | Sign Details (colors & samples) |
| Scale | Data Table Inset |
| Metes and Bounds | Property Area (nearest 100') |
| Zoning District Designation | Building Coverage (square feet) |
| North Arrow | Building Coverage (percentage of total area) |
| Existing Building Locations | Pavement Coverage (square feet) |
| Existing Paved Area | Pavement Coverage (percentage of total area) |
| Existing Vegetation | Open Space (square footage) |
| Existing Access and Egress | No. of Parking Spaces Required per Town Code |
| | No. of Parking Spaces Proposed |
| <u>Proposed Improvements</u> | <u>Others (must be submitted with Application)</u> |
| Landscaping | Environmental Assessment Form |
| Exterior Lighting | Application Fee |
| Screening | Escrow Deposit |
| Existing Access and Egress | Company Disc containing copies of Application,
EAF, drawings and all other documents in PDF
Format |
| Parking Areas | |
| Loading Areas | |
| Paving Details | |
| Catch Basin Through Section | |