

TOWN OF LORRAINE

Application for: Site Plan Review ___ Subdivision ___ Lot Line Alteration ___

Name of Owner/Grantor(s): _____

Address: _____

Telephone #: _____ Tax Map Parcel #: _____

E-Mail: _____

Specific location of land to be sub-divided/site plan/lot line alteration:

For Lot Line Alterations:

Name of Owner(s) of Adjoining Lot: _____

Address: _____

Telephone #: _____ Tax Map Parcel #: _____

E-Mail: _____

Number of parcels to be created: _____ Number of roads to be created: Public: _____, Private: _____.

Site Plan Review or Subdivision: Minor (2-5 lots, no new roads) ___ Major (all other) ___

All applications for minor subdivisions & preliminary plats for major subdivisions shall include the following:

1. **One** copy of the application form.
2. A copy of any covenants or deed restrictions, which are intended to cover all, or part of the tract.
3. **Five** copies of the plat prepared at a scale of not more than **200 feet to the inch**.
4. A statement of the nature and extent of the interest of any state employee, or officer or employee of the town in the applicant pursuant to General Municipal Law Section 809.
5. An Environmental Assessment Form (EAF) and, **when applicable**, a draft Environmental Impact Statement (EIS) pursuant to 6 NYCRR Part 617.
6. **NOTE: This list is NOT all inclusive, see Subdivision Law, Article 4, and Lot Line Alteration Law, Section 5, for further submission requirements.**

By signing this form, the applicant acknowledges and agrees to fully comply with the Town of Lorraine (Subdivision Law) (Development Law) (Lot Line Alteration Law) Cross out non-applicable reference.

Signature of Applicant

Date

----- **FOR PLANNING BOARD USE ONLY** -----

Non-refundable Application Fee.

Application Fee Amount

Date Paid

Fee Acceptance Signature

Subdivision Type / Procedures Utilized: Minor: ___ Major: ___ Lot-Line Alteration: ___

_____: Application Official Submission Date In Accordance With Article 2, Section 210 of the Subdivision Law.

Planning Board Chairperson Signature

Date

TOWN OF LORRAINE

Application for: Site Plan Review___ **Subdivision** ___ **Lot Line Alteration** ___

APPROVAL REQUESTED FOR:

Type of Review	Number of Lots	Fee
Site Plan Review	1	\$100
Lot Line Alteration	2	\$100
Minor Subdivision	2	\$100
Minor Subdivision	3 to 5	\$100 per lot
Major Subdivision (Preliminary Plat Review)	6 to 9 lots 10 lots and up	\$100 per lot \$100 per lot
Major Subdivision (Final Plat Review)	6 to 9 lots 10 lots and up	\$100 per lot \$100 per lot

Date Submitted: _____

ADDITIONAL INFORMATION

Contact Person (If different than owner): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

Licensed Engineer, Architect or Land Surveyor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

PROJECT INFORMATION

Name of Subdivision: _____

Location of Project/Street Address: _____

Tax Map Number of all Parcels: _____

(Attach a copy of the current deed and any easements affecting property)

Zoning District(s) _____

Detailed Description of Proposed Activity:

Current Land Use of the Site: _____

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Character of Surrounding Lands (Adjacent Uses): _____

Total Acreage Involved in Project: _____

Total Contiguous Acreage Controlled by Applicant/Owner: _____
(This shall include lands owned by family members of the applicant, and any corporation(s), partnership(s), limited liability Company (is) or other entities in which the applicant has an interest.)

Total Acres to be subdivided: _____

Number of Proposed Lots: _____

Proposed Use of Land: _____

NAMES AND ADDRESSES OF ADJACENT/ABUTTING LANDOWNERS

The following list consists of all individuals, firms, corporations, and businesses owning property adjacent to both sides and rear, and in front of (across street from) the property. Addresses must be obtained from the current tax rolls which are available in the Town Office. Use additional pages if needed.

Name: _____ Tax Map Id # _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Tax Map Id # _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Tax Map Id # _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Tax Map Id # _____

Mailing Address: _____
City: _____ State: _____ Zip: _____