



COPAKE PLANNING BOARD
 TOWN OF COPAKE
 230 MOUNTAIN VIEW ROAD
 COPAKE, NEW YORK 12516
 (518) 239-1234
 Fax (518) 329-4049

Application For Major Subdivision

Name of Applicant: _____

() Owner () Agent *(All parties who are not the owner of record must have written authorization to represent the owner):*

Owner Information: Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

Agent Information: Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

Surveyor or

Engineer Information: Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

Location of Proposed Subdivision: _____

_____ **Tax Map Number:** _____

Easements or other restrictions on the property:

Full Names of all abutting owners and owners directly across adjoining streets: *(including those of other townships)*

_____	_____
_____	_____
_____	_____
_____	_____

The undersigned hereby requests a Major Subdivision review by the Planning Board for the above-mentioned location.

Date

Signature/Title

Please mail preliminary sketch to the office at least 10 days prior to your scheduled meeting. Please obtain a copy of the Zoning Regulations from the Town Clerk to obtain all the information that you will need to plan your subdivision - Section 197-7). Please have a survey to this office at least 10 days prior to your scheduled meeting. Send to: Copake Planning Board, 230 Mountain View Road, Copake, New York 12516.