

**Town Office Use Only:**

Application No: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Town of Galway**

SARATOGA COUNTY, NY  
ESTABLISHED 1792  
PLANNING BOARD

5910 Sacandaga Rd  
Galway, NY 12074  
Tele. 518.882.6070

**Form #004-SUBDIV – APPLICATION FOR MINOR/MAJOR SUBDIVISION**

INSTRUCTIONS - When requesting a subdivision:

- a) Applicants should complete Parts I and II of this Application form
- b) Submit **Five (5) 11x17 copies and One (1) -24x36 (minor subdivision) / Five (5) 11x17 copies and One (1) 24x36 copies major subdivision) of a sketch plan or certified survey map showing the proposed subdivision****
- c) Submit a completed SEQRA/EAF Short Form (attached or available at [www.dec.ny.gov/permits/6191.html](http://www.dec.ny.gov/permits/6191.html)) Part I only, signed/dated.
- d) Application Fee must accompany application (*Please refer to current Planning Board Fee Schedule available at Town Hall*)
- e) Additional material may be attached or listed on the reverse side of this application form.

Submit to attention of Planning Board Clerk (*must be received by the first of the month to be placed on the agenda of the Planning Board for that month*). The Planning Board meets on the fourth Tuesday of every month at 7:30 p.m.

**Part I. Applicant Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ *Optional Other Phone (specify)* \_\_\_\_\_

Email: \_\_\_\_\_

**Part II. Subdivision Information**

Name of Current Property Owner: \_\_\_\_\_

*If recent purchase, Name of Previous Owner:* \_\_\_\_\_

Property Acquired by Applicant on: \_\_\_\_\_

Property Location (street/road name, house/lot #) \_\_\_\_\_

Subject parcel **Tax Parcel #** \_\_\_\_\_

Current Zoning District: Ag/Res ( ) ; Lake District ( ) ; Commercial – C1 ( ) /C2 ( )

AG District AG2 ( ) –on a State or County Road or Highway or within 500’ of municipal boundary

Total Contiguous Acreage Owned: \_\_\_\_\_ Acreage to be Subdivided \_\_\_\_\_ Proposed # of Lots: \_\_\_\_\_

Name/Address of Surveyor and/or Engineer \_\_\_\_\_

Phone \_\_\_\_\_

Name of Subdivision (if applicable) \_\_\_\_\_

The objective of this proposal is to: (*Provide a brief narrative*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I, \_\_\_\_\_, hereby known as the applicant for this action, do hereby affirm that all the information provided in this application is correct and accurate. I understand that furnishing information that is not correct, or fraudulent, may negate any findings and/or approvals granted by the town of Galway Planning Board in regard to this application.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## **Form #004-SUBDIV – Request for Minor/Major Subdivision (Cont'd)**

### **Optional Authorization/Consent for Third Party Representation**

I/We, the owner(s), or purchaser(s) under contract of the above subject property, do hereby give consent for:

Representative Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

to represent me and to act on my behalf at all proceedings before the Town of Galway Planning Board in regard to this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### ***Town Use Only:***

#### **Date:**

#### **Planning Board Action:**

Submission of sketch plan: \_\_\_\_\_ [ ] Accepted [ ] Rejected

SEQR Form Submitted: \_\_\_\_\_ [ ] Accepted [ ] Rejected ( ) Waived

Referred to county: \_\_\_\_\_ Declaration: \_\_\_\_\_

Public Hearing \_\_\_\_\_ [ ] Waived

Final Survey Submitted/Approved \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ paid on \_\_\_\_\_ (date)

Additional Fee \$ \_\_\_\_\_ paid on \_\_\_\_\_ (date)

Final Approval / Filing Date: \_\_\_\_\_