



# The Town of West Monroe, New York

## APPLICATION FOR SUBDIVISION

Incorporates: SEQR (State Environmental Quality Review Short Environmental Assessment Form for Unlisted Actions Only:  
Part 1 – Project Information (to be completed by applicant or project sponsor)

Application Rec'd By:  
Date:

Fee Paid \$  
Date Paid

Subdivision Name (if any):

Applicant Name:

Address:

Telephone:

Property Owners Name:

Property Owners Address:

Property Owners Telephone:

Location of Proposed Subdivision:

Tax Map #:

Plans Prepared by: (Name):

Preparers Telephone:

What is the property currently  
being used for:

Residential  
 Open Space/Forest  
 Commercial  
 Agriculture  
 Other (describe)

Has this site been in commercial  
Industrial or municipal use  
in the past

Permits & Easements:  
County, State and/or Federal  
Permits Needed:

Are there currently any permits  
issued on the site?  
If so List:

Would this project as proposed  
require any modification of  
existing permits, or waiver of  
any requirements? If yes, what?

List Easements or other  
restrictions on property?  
Describe & attach copies of  
legal documentation:

Size of Development:

Amount of land affected:

-#of acres initially:

-# of acres ultimately:

Number of building lots:

-# of lots initially:

-# of lots ultimately:

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Construction:

Anticipated construction time

(if applicable):

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Buildings, types and

approximate size and cost

of buildings (if applicable):

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Facilities:

On-site water supply or

Sewage facilities assurance:

(complete only if such

facilities are anticipated)

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Any other on-site

improvements proposed:

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Certifications:

I hereby certify that the proposed on-site water supply and sewage facilities have been designed to meet the specifications and standards recommended by the New York State Dept. of Health, and approved by the Oswego County Health Dept.

Signature of preparer of plans: \_\_\_\_\_

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

I certify that the information provided above is true to the best of my knowledge.

Signature of applicant: \_\_\_\_\_

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