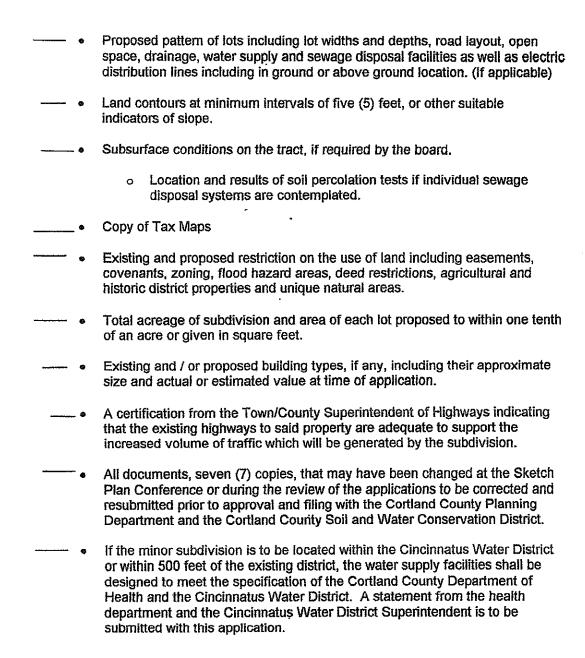
2770 Lower Cincinnatus Road P.O. Box 313 Cincinnatus, New York 13040

Subdivider N	ame	•	Date Received		
	. Mino	r Subdivision F	Procedures		
1. Submit seven (7) copies of the sketch plan to the Town Clerk fourteen (14) days prior to the regularly scheduled monthly board meeting. Plans may be made available to the Cortland County Planning Department, Soil and Water Conservation District, County Highway Department and other appropriate agencies that sketch plans indicate may impinge upon.					
• A	Additional time may	be required for ade	equate response from above agenci	es	
2. Request t <u>ime,</u> da	2. Request Sketch Plan Conference (optional). Town Clerk can advise time, date and location of the Sketch Plan Conference.				
<del>-</del> -	Subdivision will at the regularly:	l be classified as N scheduled town Bo	linor or Major at this conference or ard meeting if no conference is requ	uested.	
[	Date	Time	Place		
••	Subdivisions cl an application fo		vill be allowed to proceed directly to		
-	Sketch Plan Co official filling w	onference does not ith the Town Board	require formal application fee or		
any sub the hea	odivision. Early co	intact by the subt its determination	oroval may be required for divider and acknowledgment from as to feasibility is required.	n	
4. Informa	tion Required for	Final Plat Submis	ssion:		
	Name and address o Include License Nun		rofessional advisers. any.		
		***************************************	4		
		· · · · · · · · · · · · · · · · · · ·			
	;	de est			

	clearly o	f property by a licensed land surveyor all existing and proposed improveme Subdivision name, scale, north arrow lot number.	nts to the subdivision	•
		vision boundaries including name of or gs and distances on all existing and p		
	0	NORTH: Name	/Bk	Pg
		Bearings and Distances		
	0	SOUTH: Name	/Bk	Pg
		Bearings and Distances		
	0	EAST: Name	/Bk	Pg
		Bearings and Distances		
	0	WEST: Name	/Bk	Pg
		Bearings and Distances		
	sy <u>N</u> a	ontiguous properties and names of the stems if within 300 feet of proposed stameWellSeptic	ubdivisionN/	
		WellSeptic	_(Circle one or both)	
	<u>Nar</u>	ne	N/s.	/E/W (circle one)
		WellSeptic	_(Circle one or both)	
<del></del>		kisting and / or proposed roads, utilitie esspools, dry wells, tile fields, etc.	s, structures, wells, se	eptic tanks,
			<u>ne</u>	
**********		later courses, wetlands, (if NYS design her significant physical features on or		blic facilities, and
<del></del>	······································			-

2

Form SD 194



NOTE; THIS LISTING OF PROCEDURES IS FOR ASSISTING THE SUBDIVIDER ONLY IN ACCUMLATING THE NECESSARY INFORMATION AND DOCUMENTATION FOR SUBMISSION OF A MINOR SUBDIVISION. THESE PROCEDURES ARE NOT INTENDED TO CHANGE, ELIMINATE REQUIREMENTS OR MAKE EXCEPTIONS TO THE EXISTING LAW. REFER TO THE ACTUAL LAW FOR COMPLETE IN-DEPTH DETAILS AND PROCEDURES

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Form SD 194

2770 Lower Cincinnatus Road P.O. Box 313 Cincinnatus, New York 13040

***************************************

	RECORD OF S	KETCH PLAN COM	IFERENCE	
Name of Subdivision:				
Location:				
Name of Subdivider :				
Address:			Telephone :	
Licensed Surveyor or E	ingineer:			**************************************
Address:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Telephone :	
****	****	****	*****	* * * *
SKETCH PLAN CONF	ERENCE:			
Persons Present:		<del> </del>		<del></del>
***************************************				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
**-***********************************				·
Date:	20	Place:		
SUMMARY OF PROCE	EEDINGS:			
			,	
				·
				<u>, , , , , , , , , , , , , , , , , , , </u>
	•			
	<u> </u>			
<u> </u>				

INSTRUCTION TO SUBDIVIDER: It is suggested that you keep a record of the proceedings involved in the review of your request for subdivision on this form.

2770 Lower Cincinnatus Road P.O. Box 313 Cincinnatus, New York 13040

### Notice of Decision on Final Plat for Subdivision

Date:, 20	
To:	to the state of th
Address:	
Name of Subdivision:	
Owner:	
Address:	
The Town Board of the Town of Cinemeeting or the Sketch Plan Conference (m, 20, voted on the pr By the majority of votes cast, the above natapproved / disapproved	inor subdivisions only) on oposed subdivision as presented.  med subdivision was
Remarks:	
·	
	-

Town Clerk

By Order of the Town Board Town of Cincinnatus

2770 Lower Cincinnatus Road P.O. Box 313 Cincinnatus, New York 13040

### **NEW SUB-DIVISION PARCELS**

Sub-Division Name:				
Parcel No				<del>-</del>
Date Approved:				
Tax Map No. Parcel Divid	led From:			
Street Lighting District:	Yes _	No		
Water District:	Yes	No		
Special Conditions, If any	<i>j</i> :			

Copies to be sent to Tax Assessor and Water Billings Clerk

2770 Lower Cincinnatus Road P.O. Box 313 Cincinnatus, New York 13040

# CERTIFICATION OF REVIEW From The Cortland County Health Department

This document is to certify thatand	(subdivider)(owner of record),
and	ors map, prepared by a licensed tment for preliminary review and all have been discussed.  attisfactory installation of a water
Exceptions and Remarks:	·
The state of the s	
Dated, 20	Signed:
	Title:

2770 Lower Cincinnatus Road P.O. Box 313 Cincinnatus, New York 13040

# CERTIFICATION OF REVIEW By Cortland County Highway Department OR Town of Cincinnatus Highway Department

I his docur	nent is to certify that		(subdivider)
and	•	(Own	er of Record),
proposing to subc	livide property locate	ed at	
		ed a surveyors map, pro	epared by a licenses
surveyor, to the C	ortland County High	way Department (for pro	operty located on a county
highway) or the To	own of Cincinnatus I	-lighway Department (fo	r property located on a
town road) for pre	liminary review of pr	oposals for drainage, d	riveways and impact on
_	ds to the area have I		
		event satisfactory const	
adequate drainag	e, etc., are anticipate	ed from this preliminary	review.
	•		
Exceptions and R	emarks:		
			· · · · · · · · · · · · · · · · · · ·
		·	
		•	
·····	<del></del>		
Signed:		Cianadi	
orgried.	(Owner)	Signed:	ty or Town Official)
	(2)		
		Title:	
Date:	20	Date:	20

#### APPLICATION FOR VARIANCE

TO: ZONING BOARD OF APPEALS TOWN OF CINCINNATUS FROM: ZONING OFFICER NAME OF APPLICANT\_\_\_\_\_ JOB SITE ADDRESS\_\_\_\_\_ TAX MAP NUMBER\_\_\_\_\_ APPLICATION NUMBER\_\_\_\_\_ DTD.\_\_\_\_ HAS BEEN REJECTED UNDER THE PROVISIONS OF ARTICLE(S)\_\_\_\_\_\_SECTION\_\_\_\_\_ REASON FOR VARIANCE IF BY NOT GRANTING THIS VARIANCE, WILL RESULT IN PRACTICAL DIFFICULTIES OR UNNECESSARY HARDSHIPS, PLEASE LIST WHY THIS WOULD CAUSE SUCH HARDSHIPS SIGNATURE OF ZONING OFFICER SIGNATURE OF APPLICANT\_\_\_\_\_ A DEPOSIT OF FIFTY DOLLARS AND A COPY OF THE BUILDING PERMIT MUST ACCOMPANY THIS APPLICATION. AFTER EXPENSES INCURRED TO THE TOWN( DUE TO THIS APPLICATION OF VARIANCE) ARE PAID, THE REMAINDER OF THE DEPOSIT, IF ANY,

WILL BE RETURNED TO THE APPLICANT, IF THE EXPENSES ARE MORE THAN FIFTY DOLLARS, THEN THE APPLICANT MUST SUBMIT SAID AMOUNT BEFORE THE VARIANCE

IS ACTED UPON.

FORM AV5-02