Town of Big Flats
Department of Planning

476 Maple Street
Big Flats, NY 14814
T: 607-562-8443
http://www.bigflatsny.gov

Subdivision Application

This application form is required as part of any request to process a planning action involving the review of a proposed subdivision. In addition, the Town of Big Flats Municipal Code requires specific material to be submitted with this form. A copy of the applicable sections of the code are available upon request. It is the applicants responsibility to ensure that application package is complete and accurate.

NOTE: AN INCOMPLETE APPLICATION CANNOT BE SCHEDULED FOR REVIEW

Application Date: _____

Name of Proposed Subdivision: _____

Applicant:

Name _____
Address _____
_____
Telephone_____

Plans Prepared by:

Name _____
Address _____
_____
Telephone_____

Owner (If Different):
Name _____
Address _____
_____
Telephone_____

Actions Requested
☐ Subdivision Review
☐ Re-subdivision
☐ Area Variance Requested (Additional Fees Apply)

Project Location:
Parcel ID: _____
Address: _____
_____

Current Zoning: _____

Variance(s) Requested: _____
_____

Existing number of parcels: _____

Proposed number of parcels: _____

Other Permits Needed: ☐ Dept. of Health –Water/Septic
(all may not be applicable) ☐ Town of Big Flats DPW- Water
☐ Chemung County Sewer District
☐ NYSDEC- Sewer
☐ NYSDEC- SPDES
☐ NYS/ACOE-Wetlands
☐ NYSDOT
☐ Chemung County DPW-Driveway
☐ Town of Big Flats DPW-Driveway
☐ Town of Big Flats Building Permit
☐ Other: _____

Are the proposed parcels for residential use? _____ **If so, how many dwelling units?** _____

Department Use Only:

Number of dwelling units, by type:

Single Family	_____	Condominiums	_____
Duplex	_____	Townhouses	_____
Senior Housing	_____	Other*	_____
Multi Family	_____	Total Units	_____

*Explain Other_____

Current Use of Site (be specific): _____

Current Land-Use of Neighborhood: _____
(agricultural, commercial, business/office, industrial, residential, vacant)

Project Narrative: Explain the overall intention of this proposal (Use a separate sheet if needed)

_____

_____

_____

_____

_____

_____

_____

_____

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT

Check one: √
- ☐ Owner
- ☐ Power of Attorney*
- ☐ Contract to Purchase*
- ☐ Official Agent*
- ☐ Other: _____

*Attach evidence

FEE SCHEDULE

2 Lots or less: $200.00*
3 Lots or more: $500.00**
Concept Plat: $200.00 (Fee goes toward review)

***add $50.00 per lot**
****add $100.00 per lot**

I hereby certify that the above information and accompanying documents are truthful ad accurate to the best of my knowledge and acknowledge that the processing of this application may require additional fees and expenses, at my expense, for preparation of necessary environmental, engineering and planning studies.

_____ _____
Legal Owner/Official Agent Date

_____ _____
Legal Owner/Official Agent Date

_____ _____
Applicant (If Different) Date

Department Use (only)
Lead Agency: _____ Environmental Determination: _____
☐ Type I ☐ Type II ☐ Unlisted

Preliminary Plat Approval Date:_____ **Final Plat Approval Date**:_____
Conditions ☐ Yes ☐ No

Public Hearing Advertised _____ **Public Hearing Held**_____

Approval Expiration Date: _____ **Plans Filed with County Clerk**: _____ _____
Director of Planning Date