

TOWN OF FRANKFORT PLANNING BOARD
201 THIRD AVE, FRANKFORT, NEW YORK
13340

For Planning Board Use Only
_____ Referral Number
_____ Date Received

SUBDIVISION REFERRAL FORM

INSTRUCTIONS

Pursuant to Section 239-l, -m & -n of New York State General Municipal Law and Town of Frankfort Code Section 76 Subdivision Regulations must be referred to this board for review.
To submit a project review, this form must be completely filled out and the appropriate enclosures attached. Any incomplete information may result in the delay of our review and a postponement of the project completion.

1. Referring body (check appropriate line): _____ Town Board _____ Codes Department
2. Applicant: Name: _____
Address: _____
Phone: _____
Property Owner: _____
Address: _____
3. Location of real property (Fill out Completely):
 - A. Fontage Road Name _____
 - B. Nearest Intersection Road: Name _____ Direction _____ Distance _____
 - C. Tax Map Parcel: Map _____ Block _____ Lot _____
 - D. Dimensions / Area of Property: _____
 - E. Existing Zoning District _____
4. Brief written summary of proposed action: _____

5. Type of Referral: _____ (A) Site Plan Review _____ (B) Subdivision Proposal
_____ (C) Zoning Map Amendment _____ Number of Lots
6. Enclosures
_____ Proof of Ownership (deed or tax bill required for all referrals)
_____ Location Map (required for all referrals)
_____ SEQR Environmental Assessment Form (required for all referrals)
_____ Sketch (required for all referrals) Drawn to scale depicting existing and proposed building, proposed ingress/egress, internal traffic circulation patterns, designated parking areas, existing zoning district map and north arrow.
_____ Subdivision plot plat(s) (required for 5B)
_____ Other (specify) _____
7. Other Involved agencies (i.e., other agencies having permitting authority)
_____ Herkimer County Dept. of Highway _____ NYS Dept. of Environmental Conservation
_____ New York State Dept. of Health _____ NYS Dept. of Transportation
_____ Town of Frankfort Highway Dept. _____ Other (specify) _____

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

Date

Signature

Send completed form and enclosures to:

Town of Frankfort Planning Board
201 Third Ave, Frankfort, NY 13340