DELHI TOWN PLANNING BOARD

FORM 1. APPLICATION FOR SKETCH PLAT APPROVAL

(to be filed in duplicate)

Date							
1.	Name of Subd	livision		 			
2.	Name of Applicant			Phone			
	Address						
		(Street No. and I	Name)	(Post Office)	(State)	(Zip Code)	
3.	Name of Loca	l Agent					
	Address						
		(Street No. and Name)		(Post Office)	(State)	(Zip Code)	
4.	Engineer		Phone				
	Address						
		(Street No. and I	Name)	(Post Office)	(State)	(Zip Code)	
5.	Land Surveyor			Phone			
	Address						
		(Street No. and I	Name)	(Post Office)	(State)	(Zip Code)	
6.	Attorney	Attorney		Phone			
	Address						
		(Street No. and I	Name)	(Post Office)	(State)	(Zip Code)	
7.	Subdivision Location: on the		_ side of	(Street)			
	foo	. †	of		, ,		
	100	t(Direction)	01 _		(Street)		
8.	School District	t					
9.	Total Acreage Zon		Zone _	Number of Lots			
	Fee Required at \$ per Lo		per Lot				
10.	Tax Map Desi	Fax Map Designation: Section Lot(s)					
11.	Is any open space being offered as part of this subdivision application?						
	If so, what amount of space?						

12.	Has the Zoning Board of Appeals granted any variance, exemption, or special exception					
	or special permit concerning this property?					
	If so, list Case No. and Name					
13.	. Is any variance or waiver from Subdivision Regulations requested?					
	If so, describe					
14.	Proposed Classification of Subdivision					
15.	Attach three (3) copies of Sketch Plat.					
16.	List all contiguous holdings in the same ownership:					
	Section	Lot(s)				
Signature of Applicant: Date:						