

Town of Fleming

2433 Dublin Road
Auburn, NY 13021

APPLICATION FOR APPROVAL OF SUBDIVISION

Phone (315) 252-8988
Fax (315) 252-1492
www.townoffleming.com

1. Applicant(s) Name: _____ Property Owner(s): Yes No

(Street Address) (City) (State) (Zip)

(Phone Number) (Email address)

2. Licensed Land Surveyor or Engineer Name: _____

Address: _____

Phone Number: _____ Email: _____

3. Subdivision Name: _____

Current Tax Map No. _____

Proposed Subdivision Location: _____

Total Number of Acres: _____ Proposed Number of Lots: _____

Major Subdivision: _____ Minor Subdivision: _____

Zone District: _____

Names & Addresses of Abutting Owners (Use Additional page if necessary)

4. Deposit: _____ Paid: _____

THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND ACCURATE, AND THAT **ANY ATTORNEY'S FEES OR ENGINEER'S FEES INCURRED BY THE TOWN RELATIVE TO THE REVIEW OF THIS PROJECT SHALL BE PAID BY THE APPLICANT.**

Dated: _____

Signature of Applicant(s)

Applicant should make certain that proof of compliance with SEQR is submitted. This application must be accompanied by a subdivision plan that follows zoning requirements.

THE FILING FEE OF \$50.00 IS DUE UPON THE SUBMITTAL OF THIS APPLICATION

Apr 2021