

**TOWN OF MINERVA**  
**APPLICATION FOR SUBDIVISION PLAT APPROVAL**

**1) Application is made for:**

- Preliminary Plat Approval
- Final Plat Approval

<b><u>TOWN USE:</u></b>
Date Received: _____ BY: _____
Date Approved: _____

**2) Applicant.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**3) Surveyor / Engineer.**

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**4) Required Information.** *As specified in Article 5 of the Town of Minerva Subdivision Control Law*

**5) Signature of Applicant.**

\_\_\_\_\_ **Date:** \_\_\_\_\_

*Subdivision plats will be reviewed in accordance with the Town of Minerva Subdivision Control Law. At its first meeting to consider a subdivision plat the Planning Board will determine whether the application is complete, or if additional information is required, including any requirements of the New York State Environmental Quality Review Act (SEQRA). Time frames for review shall not begin until a complete application is submitted.*

**\*\*\* For Town Use Only\*\*\***

Date Reviewed: \_\_\_\_\_

Date Application deemed complete by Minerva Planning Board: \_\_\_\_\_

Planning Board Chair Signature: \_\_\_\_\_

***Modifications, conditions, or reasons for disapproval:***