

**TOWN OF JERUSALEM**  
3816 Italy Hill Road  
Branchport New York 14418  
Phone: (315) 595-2284  
Fax: (315) 595-2558

**SUBDIVISION APPLICATION**

MINOR \_\_\_\_ MAJOR \_\_\_\_

Application # \_\_\_\_\_ Fee \_\_\_\_\_ (See Fee Schedule)

Provide Ten (10) copies of this application, and all associated drawings

1. Name or Identifying Title of Subdivision \_\_\_\_\_  
Number of lots resulting \_\_\_\_\_

2. Subdivider\* \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

\* If Applicant is not the owner of record, please provide the above information and a letter of authorization from the owner of record.

3. Licensed Land Surveyor or Engineer \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

4. Tax Map Number of Parcel to be subdivided: \_\_\_\_\_

5. Property Location (911 Address)\*: \_\_\_\_\_  
\* If a 911 address is not available, please provide a description of how to find the property: \_\_\_\_\_  
\_\_\_\_\_

Zoning District(s) \_\_\_\_\_ USDA Agricultural District YES ( ) NO ( )

Road Access: Private ( )\* Town ( ) County ( ) State ( )  
\* If Private, supply copy of ownership and maintenance agreement.

6. Current Land Use of site (agricultural, commercial, undeveloped, etc.) \_\_\_\_\_  
\_\_\_\_\_

7. Character of surrounding lands (suburban, agricultural, wetlands, etc.) \_\_\_\_\_  
\_\_\_\_\_

8. Are new public or private roads being proposed as part of this Subdivision? YES ( )  
NO ( )

9. Are any variances being requested as part of this Subdivision? YES ( )\* NO ( )  
\* If Yes, attach a full detailed description of each variance being requested.

10. Will there be any deed restrictions? YES ( )\* NO ( )  
\*If yes, supply with application or list here: \_\_\_\_\_  
\_\_\_\_\_

11. Will there be any extensive grading or fill required: YES ( )\* NO ( )  
\* If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

I hereby affirm under the penalties of perjury that the information contained on this application is true and complete.

\_\_\_\_\_  
Signature of Subdivider (Owner or Agent)

To be completed by the ZAP Secretary:

Date Application received: \_\_\_\_\_  
Date of Sketch Plat Review (if applicable): \_\_\_\_\_  
Date Fee is Paid: \_\_\_\_\_ Amt.: \_\_\_\_\_  
Date of Hearing for Minor or Preliminary Hearing for Major Subdivision: \_\_\_\_\_  
Date of water and septic approval for Major Subdivision: \_\_\_\_\_  
Date the Road Cut(s) approval received: \_\_\_\_\_ N.Y.S. : \_\_\_\_\_  
Date that Jerusalem Highway Dept.  
accepted road drainage and street plans: \_\_\_\_\_  
accepted and set a cost for bonding (if applicable): \_\_\_\_\_ Bonding: \$ \_\_\_\_\_  
Date that Full Environmental Assessment was found acceptable: \_\_\_\_\_  
Date that Planning Board appointed persons visited site for engineering session: \_\_\_\_\_  
Persons present: \_\_\_\_\_  
Results: \_\_\_\_\_  
\_\_\_\_\_

Is there a need for an engineering review or assessment of the site & submitted plans:  
YES ( )\* NO ( ) \* If yes, date Town Engineer approved such design: \_\_\_\_\_

Date of Final Hearing for Major Subdivision: \_\_\_\_\_  
Date of Planning Board Chair Sign-off \_\_\_\_\_  
Date Town Clerk receives Final Plat with all approvals: \_\_\_\_\_