



TOWN OF HARRISON SUBDIVISION APPLICATION



SITE IDENTIFICATION INFORMATION

Application Name:	Application #	Date Submitted:
Site Address: No. Street: Hamlet:		
Property Location: (Identify landmarks, distance from intersections, etc.)		
Town of Harrison Tax Map Designation: Section Block Lot(s)		Zoning Designation of Site:

APPLICANT/OWNER INFORMATION

Property Owner:	Phone #: Fax#:	Email:
Owners Address: No. Street: Town: State: Zip:		
Applicant (If different than owner):	Phone #: Fax#:	Email:
Applicant Address (If different than owner): No. Street: Town: State: Zip:		
Individual/ Firm Responsible for Preparing Site Plan:	Phone #: Fax#:	Email:
Address: No. Street: Town: State: Zip:		
Other Representatives:	Phone #: Fax#:	Email:
Owners Address: No. Street: Town: State: Zip:		

PROJECT DESCRIPTION

Describe the project, proposed use and operation thereof:

PROJECT INFORMATION

Size of existing parcel to be subdivided: Acres: Square Feet:	
Major Subdivision <input type="checkbox"/>	Minor Subdivision <input type="checkbox"/>
Number of proposed lots:	Size of proposed lots:
Conventional Subdivision <input type="checkbox"/> Cluster Subdivision <input type="checkbox"/>	<ul style="list-style-type: none">Are existing easements or covenants present? Yes: <input type="checkbox"/> No: <input type="checkbox"/>If yes, will they remain, or are new C&R's proposed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>If yes, attach copies.
Will a 10% open space set aside be provided? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If no, will a payment in-lieu be provided? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Will all new lots have frontage on a mapped street? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If not, how will this deficiency be addressed?

Is the site served by the following public utility infrastructure:

- | | |
|-------------------------|--|
| ▪ Sanitary Sewer | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ▪ Water Supply | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ▪ Storm Sewer | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ▪ Electric Service | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ▪ Gas Service | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ▪ Telephone/Cable Lines | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

Will any common areas be created outside of individual lots (road rights-of-way, recreation areas, stormwater management areas, etc.)?

Yes: ☐ No: ☐

Is a homeowners association proposed?

Yes: ☐ No: ☐

Site slope categories:	15-25% _____ %	25-35% _____ %	>35% _____ %
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Is the site located in a designated Critical Environmental Area?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Is the site located within 500' of:

- | | |
|--|--|
| ▪ The boundary of an adjoining city, town or village | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ▪ The boundary of a state or county park, recreation area or road right-of-way | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ▪ A county drainage channel line. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ▪ The boundary of state or county owned land on which a building is located | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

Is the site listed on the State or Federal Register of Historic Place (or substantially (contiguous)

Yes: ☐ No: ☐

Is the site located in a designated floodplain?

Yes: ☐ No: ☐

Are NYSDEC or local wetlands located on the site?

Yes: ☐ No: ☐

If yes, have they been delineated by a wetland scientist?

Yes: ☐ No: ☐

ZONING COMPLIANCE INFORMATION

Zoning Provision	Required	Existing	Lot 1	Lot 2	Lot 3	Lot 4	Lot 5
Lot Area							
Lot Coverage							
Lot Width							
Front Yard							
Side Yard (minimum of 1)							
Side Yard (total of both)							
Rear Yard							
Habitable Floor Area							
Height							

(if more than 5 lots are proposed, include additional zoning compliance information on a separate sheet)

Will variances be required?

Yes: ☐ No: ☐

If yes, identify variances required for each lot:

APPLICANTS ACKNOWLEDGEMENT

I hereby depose and certify that all the above statements and information, and all statements and information contained in the supporting documents and drawings attached hereto are true and correct.

Applicants Name _____

Applicants Signature _____

Sworn before me this _____ day of _____ 20__

Notary Public _____