

# APPLICATION FOR REVIEW AND APPROVAL OF SIMPLE LOT SPLIT

TOWN OF OTEGO PLANNING BOARD

FORM TOPB-20

## PART A

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

(IF THE APPLICANT IS NOT THE OWNER, BOTH APPLICANT AND OWNER MUST SIGN PART B, BELOW)

TAX MAP # (SECTION, BLOCK & LOT) \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS OF PARCEL: \_\_\_\_\_ ORIGINAL PARCEL ACREAGE: \_\_\_\_\_

ZONING: R1          R2          R3          R4          (check one)

EASEMENTS, DEED RESTRICTIONS OR OTHER ENCUMBERANCES (GENERAL DESCRIPTION):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS THE PARCEL PART OF A SUBDIVISION MADE AFTER MAY 1, 2003? YES \_\_\_ NO \_\_\_

SPLIT PARCEL ACREAGE: \_\_\_ ROAD FRONTAGE: \_\_\_ FT. LOT DIMENSIONS: \_\_\_\_\_

HAS A PERK TEST BEEN PERFORMED IN THE PARCEL TO BE SPLIT? YES \_\_\_ NO \_\_\_

NAME OF LICENSED LAND SURVEYOR (IF APPLICABLE): \_\_\_\_\_

NAMES OF ABBUTTING PROPERTY OWNERS: (INCLUDING LAND ACROSS ROADS AND TOWN LINES):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZONING ENFORCEMENT OFFICER'S COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART B

THE INFORMATION PROVIDED ABOVE IS ACCURATE AND TRUE AND I AM AUTHORIZED TO SUBMIT THIS APPLICATION TO THE TOWN OF OTEGO PLANNING BOARD FOR REVIEW AND APPROVAL.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(IF NOT APPLICANT)

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### FOR OFFICIAL USE ONLY

APPLICATION # \_\_\_\_\_ DATE RECIEVED \_\_\_\_\_ FEE PAID \$ \_\_\_\_\_ DATE: \_\_\_\_\_

FIRST BOARD REVIEW: \_\_\_\_\_ SECOND BOARD REVIEW: \_\_\_\_\_

SIMPLE LOT SPLIT APPROVED \_\_\_ DISAPPROVED \_\_\_ BY A PLANNING BOARD VOTE OF \_\_\_ TO \_\_\_

DATE OF VOTE \_\_\_\_\_

COUNTY FILED MAP DATE \_\_\_\_\_

COUNTY FILED MAP NUMBER \_\_\_\_\_

SIGNATURE OF PLANNING BOARD CHAIRPERSON: \_\_\_\_\_ DATE: \_\_\_\_\_