

**TOWN OF FULTON PLANNING BOARD
SUB-DIVISION APPLICATION FOR APPROVAL**

DATE: _____

1. Name of Identifying Title: _____

2. Sub-divider: (if owner, so state; if agent or other type of relationship, state details on separate sheet.)

Name: _____

Address: _____

Telephone: _____

3. Licensed Land Surveyor or Engineer:

Name: _____

Address: _____

Telephone: _____

4. Location of Proposed Subdivision: (Tax Lot # or other identification)

5. Easements or Other Restrictions on Property: (Describe generally)

6. Names of abutting Owners and Owners directly across adjoining streets: (include those in other Towns as well)

7. The undersigned hereby requests approval by the Planning Board of the above identified subdivision plot.

Signature: _____

Title: _____

Date: _____