

TOWN OF GILBOA  
APPLICATION FOR REVIEW  
AND APPROVAL OF SUBDIVISION

1. Name or Identifying Title:

\_\_\_\_\_

2. Subdivider: (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 Map No (or other identification.)

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

6. Names of Abutting Owners and Owners Directly Across Adjoining Streets:  
(Include those in other towns.)

7. The Unersigned hereby request approval by the Planning Board of the above identified subdivision plat.

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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