

MAJOR SUBDIVISION /PRELIMINARY PLAT APPLICATION
TOWN OF CLINTON

Must be filed in TRIPLICATE with the Secretary of the Planning Board along with fifteen (15) copies of Preliminary Plan and improvement plan 21 calendar days prior to the regular meeting of the. Board.

Application No. _____ Date Filed _____ 19 Fee Collected \$

Received by _____
Secretary of Planning Board

(Do Not Write Above This Line)

Please print or type

1. Applicant _____ Phone No. _____
Address _____

2. Owner Name (if other than above) _____ Phone No. _____
Address _____

3. Interest of applicant if other than owner _____

4. Owner's Consent: I (We) hereby authorize _____ to file this application for subdivision, and state that I (We) own the property being proposed for subdivision, and that it is recorded in the Hunterdon County Clerk's Office in Book _ Page _____

Owner's Signature _____

5. Name of Engineer and Land Surveyor designing preliminary plat _____

Address _____ Phone No. _____

License No. _____

6. Name of Engineer designing proposed utility layout _____

Phone No. _____
Address _____ License No. _____

7. Application classified as a major subdivision on (date) _____

8. Location of Subdivision (Street)
Tax Map Sheet _____ Block _____ Lot(s) _____

9. Number of Proposed Lots _____ Zone District _____

10. Development Plans: Sell lots only _____ Construct houses for sale _____
Other (Specify) _____

11. Are deed restrictions contemplated? Yes _____ No (if yes attach
copy to this application)

12. Variances or Conditional Use required:
Has variance application been filed? Yes _____ No _____

13. Requested exemptions from development standards _____

(attach written justification)

14. List of maps and other documents (15 copies of each) accompanying this
application.

15. List proposed improvements and utilities and state intention to post
performance bond, certified check or to install improvement prior to approval
of final plat.

Improvement

Intention

16. The Applicant does (), does not (), hereby grant an extension of time
from the date within which the Board must act on this application for a
period of days (), unlimited ().

Date _____ Signature of Applicant _____

(Do Not Write Below the Line)

ACTION OF PLANNING BOARD

Date _____

Application approved
Conditions of Approval:

Application denied Reasons for denial