

# TOWN OF ASHLAND PLANNING BOARD

## SUBDIVISION APPLICATION

Subdivision Plat Approval is required for the division or lot line adjustment of any parcel into two (2) or more lots, plots, parcels or other division as detailed in the "Town of Ashland Subdivision Regulations".

Date: \_\_\_\_\_ Application No: \_\_\_\_\_ Date Received: \_\_\_\_\_

(completed by Planning Board Secretary)

Tax Map Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Current Owner: \_\_\_\_\_

Current Owner Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Current Owner Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Location of Proposed Subdivision: \_\_\_\_\_

Total Size of Property: \_\_\_\_\_

Proposed Number of Lots: \_\_\_\_\_ Proposed Lot Sizes: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit copies of this application and all the supporting documents, (1) Preliminary subdivision plat plan, (2) SEQOR form part 1, (3) Submission requirements listed separately.

\_\_\_\_\_

**I hereby certify that to the best of my knowledge and belief, the information I have provided is true and correct.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**Planning Board Action: Date:** \_\_\_\_\_

**Action taken; Approved** \_\_\_\_\_  
**Denied** \_\_\_\_\_  
**Tabled** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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