Date:		
Fee: _		
	Cash/Check	

TOWN PLANNING BOARD

TOWN OF WALTON

FORM 1: APPLICATION FOR SKETCH PLAN REVIEW (To be filed in duplicate) 1. Name of Subdivision_____ 2. Name of **Owner/Applicant**_____Phone__ Address: (Zip Code) (Street No. and Name) (Post Office) (State) 3. Name of Applicant (if different from owner)_____ Address:__ (Street No. and Name) (Post Office) (State) (Zip Code) 4. Engineer_____ Address: (Street No. and Name) (Post Office) (Zip Code) (State) 5. Land Surveyor_____ Address: (Street No. and Name) (Post Office) (Zip Code) (State) 6. Attorney____ Phone____ Address: (Street No. and Name) (Post Office) (State) (Zip Code)

Subdivision Location: on the		side of			
(Direction)		tion)	(Road)		
Special Districts :	School	Fire	Postal	Agricultural	
Total Acreage			Numb	per of Lots	
Tax Map Designation	on:Section		_Block	Lot	

FORM 1 (continued)

✓	Is any open space being offered as part of this subdivision application: If so, what amount?	Yes	No
✓	Is any variance or waiver from Subdivision Regulations requested?	Yes	No
✓	Proposed Classification of Subdivision*Simple Subdivision only- The Planning board requires that the Sketch Plan be n compliance with the definition of Simple Division, i.e. that there is at least 200 fe public road for each lot.	otarized eet of fro	to indicate ntage on a
✓	Attach three (3) copies of Sketch Plan		
✓	List all contiguous holdings in the same ownership: Tax Map Designation:SectionBlockLot		
✓	Attach or send to us in time for our meeting on this subdivision, evide available/permissible road access as approved by the Highway Superinte		each lot
Signa	ature of Applicant:Date:		

*Walton Town Planning Board meets on the Second Tuesday of every month at 7:30 p.m. in the Walton Town Hall, 129 North Street.

*Please leave the completed application in the mailbox of the Planning Board at 129 North Street a minimum of ten (10) business days before the next regularly scheduled meeting.