

Date: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Cash/Check

**TOWN PLANNING BOARD**  
**TOWN OF WALTON**

**TAX MAP#** Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**FORM 1: APPLICATION FOR SKETCH PLAN REVIEW (To be filed in duplicate)**

1. Name of Subdivision \_\_\_\_\_
2. Name of Owner/Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street No. and Name) (Post Office) (State) (Zip Code)
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) (State) (Zip Code)
5. Land Surveyor \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street No. and Name) (Post Office) (State) (Zip Code)
6. Attorney \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street No. and Name) (Post Office) (State) (Zip Code)

**Subdivision Location:** on the \_\_\_\_\_ side of \_\_\_\_\_  
 (Direction) (Road)

**Special Districts:** School \_\_\_\_\_ Fire \_\_\_\_\_ Postal \_\_\_\_\_ Agricultural \_\_\_\_\_

**Total Acreage**  **Number of Lots**

**Tax Map Designation:** Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

FORM 1 (continued)

- ✓ Is any open space being offered as part of this subdivision application:      Yes    No  
If so, what amount? \_\_\_\_\_
  
- ✓ 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 notarized to indicate compliance with the definition of Simple Division, I.e. that there is at least 200 feet of frontage on a public road for each lot.**
  
- ✓ Attach three (3) copies of Sketch Plan
  
- ✓ List all contiguous holdings in the same ownership:  
Tax Map Designation:Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_
  
- ✓ Attach or send to us in time for our meeting on this subdivision, evidence for each lot available/permissible road access as approved by the Highway Superintendent.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**\*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.**