

City of Kingston
 NEW YORK
 OFFICE OF PLANNING
 APPLICATION FOR SUBDIVISION
LOT LINE DELETION, LOT LINE
REVISION



To be completed by applicant

1. Project name: _____
2. Location: _____ Property Tax map ID# (SBL) _____
3. Size (acres) of land to be modified: _____
4. Number of lots to be created: _____
5. Name & mailing address of owner: _____
6. Name & mailing address of applicant: _____
 E-mail/Website: _____
7. Construction plans submitted? _____
8. Waiver (s) to improvements requested? _____
9. Improvements checklist:

_____ streets	_____ stormwater drainage	_____ street signs
_____ curbs	_____ sanitary sewers	_____ street lights
_____ sidewalks	_____ water mains	_____ street trees
_____ fire alarms	_____ hydrants	_____ park & playgrounds
10. Signature of owner: _____
 Date: _____ Phone: (H) _____ (W) _____ E-mail _____

As owners of property, I hereby grant permission to City and Planning Board members to enter property in question for purposes of inspection for planning review.

OFFICE USE

1. Date received: _____
2. Application fee received: _____
3. Zoning district: _____ Ward: _____
4. UCHD approval? _____ Fire Dept. approval? _____ Water Dept. approval? _____
5. Date of hearing notice publication: _____
6. Date of public hearing: _____
7. Planning Board Action and Date: _____