

GENERAL MUNICIPAL LAW

Subdivision Referral Form

Director
CORTLAND COUNTY PLANNING DEPARTMENT
37 Church St.
Cortland, NY 13045-2838
Telephone: (607) 753-5043
Fax: (607) 753-5150

GML No. _____
(Tax Map Number)

Date: _____

Submitting Officer: **BRUCE A. WEBER, CEO**

Municipality: **TOWN OF CORTLANDVILLE**

Mailing Address: **RAYMOND G. THORPE MUNICIPAL BUILDING
3577 TERRACE ROAD
CORTLAND, NEW YORK 13045**

Phone Number: **(607)756-7490**

Fax Number: **(607)756-6753**

Please Submit the Following Information

1. Identification: ☐ Preliminary Subdivision Plan OR ☐ Final Subdivision Plan

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

A. Owner or Lessee: _____

1. Date of acquisition: _____

B. Architect or Engineer: _____

2. Layout Characteristics:

A. Total Acres of Subdivision: _____ Total No. of Lots: _____

Has area been previously approved for subdivision: _____ If yes, when: _____

and, if any, amount of construction completed _____

B. Type of Units:

NUMBER OF UNITS

Type	Number of Structures	2 Bedrooms	3 Bedrooms	4+ Bedrooms
Single Family				
Multi-Family				
Townhouses				
Condominiums				

C. Recreation:

Is there any recreation in the plan? _____, if yes, what type and number?

Percentage of recreational area of total subdivision: _____

D. Sanitary Facilities:

Type of Sewage Disposal:

Type of Water Supply:

Public, District No. _____

Public, District No. _____

Private, _____

Private, _____

Have Sanitary Facilities been approved by Cortland County Health Department? _____

If not, why? _____

3. Does the subdivision conform to Municipal Master Plan? _____

If not, why? _____

4. Does the subdivision conform to County Master Plan? _____ If not, why? _____

5. Availability of public utilities and services:

Fire Protection: _____ District: _____, Police Protection: _____

District: _____ . Refuse Collection: _____

Special Services Required: _____

6. School District: _____
7. Projected energy consumption: _____ Type: _____
8. Traffic generation (expected vehicle departures and arrivals per 24 hour period) : _____

9. Attach a copy of any environmental assessment or environmental impact statement required under the State Environmental Quality Review Act (SEQR).
10. Subdivision Map Showing:
- A. Title of Development
 - B. Date
 - C. Scale (at 1" equals 50')
 - D. North Arrow
 - E. Seal, signature, name and address of licensed engineer or land survey or certifying the subdivision plot.
 - F. Name and address of owner(s)
 - G. Location Map Showing Location of Subdivision Within Municipality (1"=1000' Scale)
 - H. Surrounding Land Use (Within 200')
 - I. Zoning Classification of Surrounding Lands (within 200')
 - J. Location of State and County Facility within 500' of subject development
 - K. Street Layout with pavement widths and names
 - L. Street Right-of-Way Widths
 - M. Topography (Not greater than 10' contour intervals)
 - N. Zoning Classifications of Subdivision and requirements
 - O. Location of Recreation Area and type of Improvements
 - P. Numbered Lots with Dimensions
 - Q. Existing Natural and Manmade Drainage Features (e.g. ponds, streams, culverts)
 - R. Present Site Conditions (e.g. easements, existing utilities, structures, trees, streets, etc.)
11. For Subdivisions of 25 lots or more, an assessment covering but not limited to the following: public utilities, environmental considerations, existing services and facilities and traffic generation may be required.

Additional Comments: _____

NOTE: All maps require the name and address of the N.Y.S. licensed engineer or land surveyor responsible for preparing the seal and map.

Signature and Title of Submitting Official

(REVISED: 8/01)