

SUBDIVISION REVIEW RECORD

OWNER - DEVELOPER _____

ADDRESS _____

ENGINEER _____

ADDRESS _____

ACTION

DATE

SKETCH PLAN (INFORMAL) MEETING _____

CONCEPTUAL PLAN PRESENTED _____

CONCEPTUAL PLAN APPROVED _____

PRELIMINARY PLAN PRESENTED _____

PUBLIC HEARING HELD _____

PRELIMINARY PLAN APPROVED _____

FINAL PLAN PRESENTED _____

PUBLIC HEARING HELD _____

FINAL PLAN APPROVED _____

COMMENTS

**TOWN OF PARMA
APPLICATION FOR PLANNING BOARD REVIEW OF SUBDIVISION PROPOSAL
MULTI LOT OR MULTI - RESIDENTIAL DEVELOPMENT**

- A. 1) PROJECT OR SUBDIVISION NAME _____
2) LOCATION _____ Tax Acc't. _____
3) LAND OWNER (FEE TITLE) _____ Phone _____
4) ADDRESS _____
5) DEVELOPER _____ Phone _____
6) ADDRESS _____
7) PROOF OF TITLE OR INTEREST IN PROPERTY SUBMITTED
Purchase offer _____ Options _____ Current Owner _____ Other _____

- B. 1) Area in acres _____ No. of lots _____ No. of dwelling units _____
2) TYPE OF SUBDIVISION Conventional _____ Section 278 _____
Planned Unit Development _____ Multi-residential _____

C. FEES (See current Fee Schedule as adopted by Town Board)

Fees must be paid prior to action by the Board.

- 1) Application fee \$50 per lot or dwelling unit (D/U). **SUBMISSION OF 10 COPIES OF SITE PLAN REQUIRED.**

Number of lots _____ x \$50 = Total application fee _____ Date paid _____

2) SITE PLAN REVIEW

- a) Conceptual review \$40 per lot or dwelling unit.

No of Lots or D/U _____ x \$40 = total conceptual review fee _____ Date paid _____

- b) Preliminary review \$75 per lot or dwelling unit. **SUBMISSION OF 10 COPIES OF SITE PLAN REQUIRED.**

No. of lots or D/U _____ x \$75 = total preliminary review fee _____ Date paid _____

- c) Final review \$75 per lot or dwelling unit. **SUBMISSION OF 8 COPIES OF SITE PLAN REQUIRED.**

No. of lots or D/U _____ x \$75 = total final review fee _____ Date paid _____

- d) Review fees that exceed the above amounts will be billed to the applicant, plus a 5% processing fee.

3) Legal Notice & Public Hearing fees.

\$75 - Sect. 278 Hearing (if applicable), Date paid _____

\$75 - Preliminary Hearing Date paid _____

\$75 - Final Hearing (if required), Date paid _____

- D. This application completed by _____ Date _____

I hereby acknowledge that I have read and completed the above application and accept responsibility for all fees incurred, and understand that the Town of Parma may withhold approvals until all fees are properly paid.

Signature

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