

**Subdivision Approval
APPLICATION FOR FINAL PLAT
Town of Ellicottville, New York**

For Town Use Only:

Application Fee _____ Rec'd by _____ on _____ (Date)
Project Number: _____ (from Preliminary Plat and/or Sketch Plan application)

Applicant Information

Applicant's Name _____
Corporate or Trade name (if any) _____
Mailing Address _____
Phone Number _____
e-mail _____

Name of Project Engineer _____
Mailing Address _____
Phone Number _____ email address _____

Name of Project Surveyor _____
Mailing Address _____
Phone Number _____ email address _____

Other Project Contacts: Name and Title _____
Phone Number _____ email address _____

Project Description

Subdivision Name _____
Address (or location) _____
Real property tax map number _____

Final Approvals Have Been Obtained from Other Agencies (please attach)

Cattaraugus County Health Department (public water supply)
_____ Yes _____ No _____ Not applicable

NYS Dept. of Environmental Conservation (sanitary sewer)
_____ Yes _____ No _____ Not applicable

Town Highway Superintendent
_____ Yes _____ No _____ Not applicable

Attachments- Attach all items listed in Section 2.4 (A) of the Town of Ellicottville Subdivision Regulations, unless the Planning Board has waived one or more submittal requirements. At a minimum, one original and 10 copies of **all** plans, documents and other application materials are required. Where public water and/or sanitary sewer services will be provided, letters of approval from the Cattaraugus County Health Department and NYSDEC **shall be provided** at time of application, if applicable.

Signature of Applicant

Date