

**TOWN PLANNING BOARD
TOWN OF CLAYTON
PRELIMINARY PLAT APPLICATION FORM**

For Planning Board Use Only:

Application number: _____

Date of Application: _____

Fee Received: _____

Public Hearing date: _____

Zoning District: _____

Tax Map #: _____ Block #: _____ Lot #: _____

TO THE TOWN PLANNING BOARD

Subdivision Name if wanted: _____

1. The undersigned hereby makes application for approval of a subdivision located at

2. Name of Owner: _____ Phone #: () _____

Address: _____

3. Name of Sub-divider (If different than #2) _____

(Agent) Address: _____

4. Name of Attorney: _____

5. Name of Engineer/Surveyor: _____

6. Deed recorded in Jefferson County Clerk's Office

Date: _____ Liber #: _____ Page #: _____

7. Attach statements of easements relating to property. If none, so state _____

8. Attach statement of Interest in abutting property. If none, so state _____

9. Preliminary Plat area consists of: Parcel #1 _____ (acres or Sq. Ft.)
Parcel #2 _____ Parcel #3 _____ Parcel #4 _____
All lots as shown on the attached survey map.

10. Does all applicant purpose to dedicate all streets and parks shown on map?
Yes ____ No ____ if not, state proposed provisions for private ownership and
maintenance: _____

11. Indicate nature and acres dedicated to public use for parks, open spaces & community
facilities: _____
_____ compromising of _____ acres.

Dated: _____

Applicants Signature: _____

Dated: _____

Applicants Signature: _____

NOTE: This application shall be accompanied by all materials required pursuant to Town of Clayton Subdivision Regulations and a copy of the preliminary map. Photographs of property in question (road frontage, water frontage, if any, vegetation, existing improvements, etc.) would help expedite review progress.