

Town of Cairo Zoning Department

512 Main Street, PO Box 728, Cairo, NY 12413 Ph. (518) 622-3120 ext.121 Fax (518) 622-3415

Application #	(PB	use only)
ppeuron	(^ 2	doe only)

SUBDIVISION APPLICATION

Instructions: Complete, sign and submit this form to the *Zoning Department*.

Subdivision Name:	,	Site Address:					-
Owner:							
Name:			Contact F	Person:			
Mailing Address:			Phone Nu	Phone Number:		1	
City/State/Zip:				E-mail:			
Applicant (if differen	t than owner):						
Name:		ne anno an transferanti o bana	Contact P	erson:			
Mailing Address:			Phone Nu	Phone Number:			
City/State/Zip:			E-mail:				
Zoning District:							
Property Information Name or other identificatio	n of site (address)	THE REAL PROPERTY OF THE PARTY					
Situated on the (N, S, E, W) From the intersection of:) Side o	Side of:				road)	(feet)
told grounded and by Ora	AND COLORS OF A	the grant car		OLIMPIA.	(road)		
Tax Map Description:	(secti	on)	(block)	iarlen de	(lot)		
What is the acreage of the	entire parcel?	in sourcing		thu Lib.			STANFALL STA
How many total lots will ex	ist if the subdivis	ion is approved?		11.10 6 11.	tradit !		Part and
How many lineal feet of ne	w roadway is beir	ng proposed?					
Was this parcel part of a subdivision maps that perta		d since 1990? Ye	es 🗆 No 🗆	If yes, then s	submit a	copy of all p	orevious
Names and Addresses	of Adjacent/A	Adjoining Lan	downers, i	ncluding t	hose ac	ross the s	treet:
Name:	Address:	Address:			Tax ID #:	1 (001)192 = 0	
	. 115 ,		1- 1	LD	lel pro	to given	de la contraction
				9			
			itmigrass L				

	400 (0000000000000000000000000000000000				
Use the space below to give a helpful information not asked		ion of the prop	osed subdivisio	n. Include any ot	her
Ap	plicant's (Certificatio	on and Sign	ature	
NOTICE: This is an official or oviding the document to the ontained within is true and a diling with a Governmental Ages a misdemeanor under the page 18.	Town of Cain ccurate to the gency that con	ro Zoning Dep best of your latering informa	artment you a knowledge. Pro tion you know	oviding an officia to be false is a c	t the informatical document for
CERTIFICATION: I, to hereby certify that the info	rmation conta	nined in this a	(applical	nt or authorized ie and exact to t	representative he best of my
Affirmed under penalty of law	thisd	ay of	, 2	20	
		_(signature)			