

25 copies - (MAJOR)  
15 copies - (MINOR)

**SUBDIVISION APPLICATION  
TOWN OF KEARNY PLANNING BOARD**

Note: ~~Seven~~ <sup>XXXXX</sup> copies each of this form and of associated sketch plat must be filed with secretary of the Board at least 14 days before the date of the next regular Board meeting.

Date Received \_\_\_\_\_ By \_\_\_\_\_ Application No. \_\_\_\_\_

*(Do not write above this line)*

To: Town of Kearny Planning Board  
Application is hereby made for the classification of a Sketch Plat of proposed subdivision and development of land described below.

**1. GENERAL INFORMATION**

- (a) Applicants Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
- (b) Name and address of present owner (if other than (a) above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Interest of applicant if other than owner \_\_\_\_\_

**2. DESCRIPTION OF SUBDIVISION**

- (a) Location \_\_\_\_\_ Area \_\_\_\_\_  
(Street Address) (Square footage)
- (b) Block Number \_\_\_\_\_ Lot Number \_\_\_\_\_ Zone(s) \_\_\_\_\_
- (c) Current Use of property is \_\_\_\_\_

**3. DEVELOPMENT PLANS**

- (a) Divide tract into \_\_\_\_\_ lots. Area of each lot \_\_\_\_\_  
(number) (square footage)
- (b) Zone Requirements  
Set back (feet) \_\_\_\_\_ Side yards (feet) (one) (total) \_\_\_\_\_ Rear yards (feet) \_\_\_\_\_  
Frontage (feet) \_\_\_\_\_  
(1 family) (2 family) (3 family) (other)  
Area (square feet) \_\_\_\_\_  
(1 family) (2 family) (3 family) (other)
- (c) What is to be constructed on the property \_\_\_\_\_  
(Describe in detail)

**4. SIGNATURES**

- (a) Person preparing Sketch Plat  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- (b) Applicant \_\_\_\_\_

**NOTE TO APPLICANT** Application cannot be accepted unless all information required above has been entered.

*(Do not write below this line)*

CLASSIFIED \_\_\_\_\_ by Planning Board on \_\_\_\_\_

\_\_\_\_\_  
TOWN CLERK

\_\_\_\_\_  
CHAIRMAN OF PLANNING BOARD