

25 Copies -(MAJOR)
15 Copies -(MINOR)

**SUBDIVISION APPLICATION
TOWN OF KEARNY ZONING BOARD**

Note: ~~Seven~~ ^{XXXXX} 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) _____ Rear yards (feet) _____
(one) (total)
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 Zoning Board on _____

TOWN CLERK

CHAIRMAN OF ZONING BOARD