

TOWN OF OTEGO

Planning Board

Application Instructions for a Minor Subdivision

1. All parties are required to bring photo ID with them to the Planning Board. Parties not present must have their signatures on the application notarized. All representatives must have notarized proof (powers of attorney, trusteeships, etc.) to act as an agent of a party.
2. Please print neatly in blue or black ink. Additional lists and information should be attached to the back of the application.
3. Tax Map Number, Address and Acreage are on the upper right section of the General Property Tax Bill for the parcel. It is also available from the Town Assessor and the Otsego County web site:
 - a. https://www.otsegocounty.com/departments/real_property_tax_services/index.php
 - b. Select "Real Property Lookup".
 - c. On the next page select "Public Access"
 - d. On the "Otsego County Search" form, fill in at least your name and township.
 - e. Select "Tax ID" that goes with your parcel
 - f. On the next page, Use the buttons on the left to find out about the parcel. The "Owner/Sales" button may have information about previous sales and splits. Use the button on the right side "View Tax Map" to show a map of the parcel with acreage, road frontage, etc. If you can scale and print the image to show the parcel details, it usually satisfies the need for a sketch map of the parcel.
4. Simple Lot Splits on lots that were previously split after 2003 are treated as Minor Subdivisions. Simple Lot splits requiring the construction of a road are treated as Major Subdivisions. A NYS Short Environmental Assessment Form is attached and is required to be filled out. The form is also available on the NYS DEC website in an editable .pdf format:

<https://www.dec.ny.gov/permits/6191.html>
5. The new lots must be equal to or larger than the minimum for its Zoning District, two acres for Zones 1, 2 and 4 and three acres for Zone 3. Each new lot must have at least 170 feet of road frontage.
6. Approval of a subdivision does not guarantee that a parcel is buildable. The Zoning Enforcement Officer uses road frontage, front lot dimension and a percolation test, among other criteria, determine whether or not the lot is suitable to build on.
7. You must contact all property owners within 500 feet of any parcel boundary by

certified/return receipt mail of your plans to subdivide and the time and date of a public hearing. Names and addresses of all property owners within 500 feet may be obtained from the Town Assessor's Office or the tax map section of the Otsego County web site. The receipt for each property owner must be given to the Planning Board at the public hearing.

8. Attach a sketch plan or tax map copy of the parcel with dimensions, structures, etc., indicated. The linear dimensions and area of each new subdivided parcel is required on the sketch map.
9. A survey by a licensed surveyor with three (3) paper copies and one (1) Mylar copy are required for the public hearing, Planning Board and Otsego County records. The Mylar copy must have a signature block for the Planning Board Chairperson to sign when the subdivision is approved and is then sent to the county.
10. A check for the fee of \$ 75.00, plus \$25.00 additional per lot, made out to "Town of Otsego" and paid to the Town Clerk at the submission of the application.
11. An application must be filed no later than 10 days before a scheduled Planning Board meeting (3rd Tuesday of a month) to be put on the agenda for that month.

TOWN OF OTEGO
Planning Board

Minor Subdivision Application

Part A

Applicant Name: _____ Phone: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

(If the applicant is not the owner, both applicant and owner must sign Part B, below)

Tax Map # (Section, Block & Lot) _____

Property Owner Name: _____

Address of Parcel: _____

Original Parcel Acreage: _____ Zoning: R1 R2 R3 R4 (Circle One)

Acreage After Split:

New Lot #1 _____

New Lot #1 Road Frontage _____

New Lot #2 _____

New Lot #2 Road Frontage _____

New Lot #3 _____

New Lot #3 Road Frontage _____

New Lot #4 _____

New Lot #4 Road Frontage _____

Was the parcel part of a subdivision made after May 1, 2003? Yes _____ No _____

Will a private or town road required to access one or more lots? Yes _____ No _____

Easements, Deed Restrictions or other Encumbrances (General Description):

(Add an additional sheet, if necessary)

Names and addresses of abutting property owners: (including land across roads, town lines and/or within 500 feet of the original parcel's boundaries) (Add additional sheets, if necessary)

:

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Zoning Enforcement Officer's comments:

PART B

The information provided above is accurate and true and I am authorized to submit this application to the Town of Otego Planning Board for review and approval.

Applicant signature: _____ date: _____

Property owner signature: _____ date: _____

Property owner address: _____

Notarization of Applicant Signature

Sworn before me

This day _____ of _____ 20____

Signature and Stamp

Notarization of Property Owner Signature

Sworn before me

This day _____ of _____ 20____

Signature and Stamp

Additional property owners, individuals and/or entities with an interest in the property. Add additional owners, individuals and/or entities on a separate sheet, if necessary.

Name _____

Address _____

Signature _____

Sworn before me

This day _____ of _____ 20____

Signature and Stamp

Name _____

Address _____

Signature _____

Sworn before me

This day _____ of _____ 20____

Signature and Stamp

Additional Notarized signatures:

Name _____
Address _____

Signature _____
Sworn before me
This day _____ of _____ 20_____

Signature and Stamp

Name _____
Address _____

Signature _____
Sworn before me
This day _____ of _____ 20_____

Signature and Stamp

Name _____
Address _____

Signature _____
Sworn before me
This day _____ of _____ 20_____

Signature and Stamp

Name _____
Address _____

Signature _____
Sworn before me
This day _____ of _____ 20_____

Signature and Stamp

Name _____
Address _____

Signature _____
Sworn before me
This day _____ of _____ 20_____

Signature and Stamp

Name _____
Address _____

Signature _____
Sworn before me
This day _____ of _____ 20_____

Signature and Stamp

Additional Names and Addresses:

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
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For Official Use Only

Application received: \_\_\_\_\_

Fee paid \$ \_\_\_\_\_ Date received: \_\_\_\_\_

Board Review: \_\_\_\_\_

Public Hearing: \_\_\_\_\_

SEQR Part 1: \_\_\_\_\_

Minor Subdivision: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

by a Planning Board vote of \_\_\_\_\_ to \_\_\_\_\_ Date of vote \_\_\_\_\_

Signature of Planning Board Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_

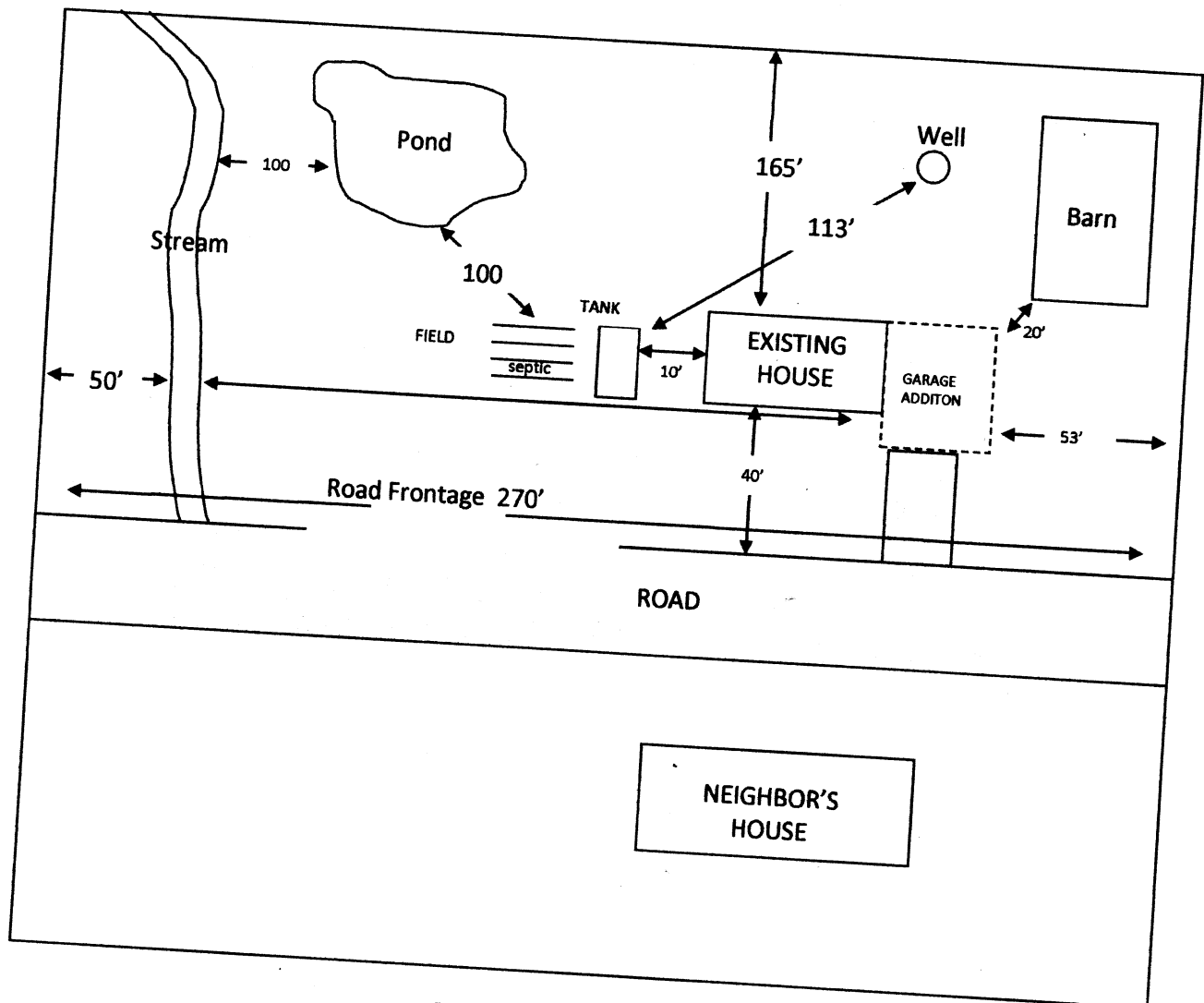
TOWN OF OTEGO PLANNING BOARD  
SITE PLAN SAMPLE

**SITE PLAN**

A site plan is a diagram of the property where the requested action is to take place. It is necessary to include a plot plan for most planning board actions on a parcel to demonstrate compliance with such things as set back requirements from property lines and roadways, distance requirements from septic systems to wells, ponds, lakes and streams. Drawings do not need to be to scale but distances indicated must be accurate.

**DIRECTIONS**

Draw a sketch of your property on a blank or graph paper indicating location of your well, septic, ponds, streams structures, etc. It is important to indicate the following distances: Road Frontage on all lots on splits and subdivisions, Distance to new property lines from structures, septic, wells, etc.



**EXAMPLE SITEPLAN**

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

|                                                                                                                                                                                                            |  |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|
| <b>Part 1 – Project and Sponsor Information</b>                                                                                                                                                            |  |                          |                          |
| Name of Action or Project:                                                                                                                                                                                 |  |                          |                          |
|                                                                                                                                                                                                            |  |                          |                          |
| Project Location (describe, and attach a location map):                                                                                                                                                    |  |                          |                          |
| Brief Description of Proposed Action:                                                                                                                                                                      |  |                          |                          |
| Name of Applicant or Sponsor:                                                                                                                                                                              |  | Telephone:               |                          |
|                                                                                                                                                                                                            |  | E-Mail:                  |                          |
| Address:                                                                                                                                                                                                   |  |                          |                          |
| City/PO:                                                                                                                                                                                                   |  | State:                   | Zip Code:                |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?                                                                     |  | NO                       | YES                      |
| If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2. |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other government Agency?                                                                                                        |  | NO                       | YES                      |
| If Yes, list agency(s) name and permit or approval:                                                                                                                                                        |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ acres                                                                                                                                        |  |                          |                          |
| b. Total acreage to be physically disturbed? _____ acres                                                                                                                                                   |  |                          |                          |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres                                                                         |  |                          |                          |
| 4. Check all land uses that occur on, are adjoining or near the proposed action:                                                                                                                           |  |                          |                          |
| <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)    |  |                          |                          |
| <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):                                                             |  |                          |                          |
| <input type="checkbox"/> Parkland                                                                                                                                                                          |  |                          |                          |

|     |                                                                                                                                                                                                                                                                                                                                                                                  | NO                       | YES                      | N/A                      |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 5.  | Is the proposed action,                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |
| a.  | A permitted use under the zoning regulations?                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b.  | Consistent with the adopted comprehensive plan?                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Is the proposed action consistent with the predominant character of the existing built or natural landscape?                                                                                                                                                                                                                                                                     |                          | NO                       | YES                      |
|     |                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 7.  | Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?                                                                                                                                                                                                                                                                    |                          | NO                       | YES                      |
|     | If Yes, identify: _____                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 8.  | a. Will the proposed action result in a substantial increase in traffic above present levels?                                                                                                                                                                                                                                                                                    |                          | NO                       | YES                      |
|     |                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|     | b. Are public transportation services available at or near the site of the proposed action?                                                                                                                                                                                                                                                                                      |                          | <input type="checkbox"/> | <input type="checkbox"/> |
|     |                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|     | c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?                                                                                                                                                                                                                                                                     |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Does the proposed action meet or exceed the state energy code requirements?                                                                                                                                                                                                                                                                                                      |                          | NO                       | YES                      |
|     | If the proposed action will exceed requirements, describe design features and technologies:<br>_____<br>_____                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 10. | Will the proposed action connect to an existing public/private water supply?                                                                                                                                                                                                                                                                                                     |                          | NO                       | YES                      |
|     | If No, describe method for providing potable water: _____<br>_____                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 11. | Will the proposed action connect to existing wastewater utilities?                                                                                                                                                                                                                                                                                                               |                          | NO                       | YES                      |
|     | If No, describe method for providing wastewater treatment: _____<br>_____                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 12. | a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? |                          | NO                       | YES                      |
|     |                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|     | b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?                                                                                                                                                              |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?                                                                                                                                                                                             |                          | NO                       | YES                      |
|     |                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|     | b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?                                                                                                                                                                                                                                                                              |                          | <input type="checkbox"/> | <input type="checkbox"/> |
|     | If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____<br>_____<br>_____                                                                                                                                                                                                                                                             |                          |                          |                          |

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

- ☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional  
☐ Wetland ☐ Urban ☐ Suburban

15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?

| NO                       | YES                      |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

16. Is the project site located in the 100-year flood plan?

| NO                       | YES                      |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

17. Will the proposed action create storm water discharge, either from point or non point sources?  
If Yes,

| NO                       | YES                      |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

a. Will storm water discharges flow to adjacent properties?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, briefly describe:

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?

| NO | YES |
|----|-----|
|----|-----|

If Yes, explain the purpose and size of the impoundment:

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?

| NO | YES |
|----|-----|
|----|-----|

If Yes, describe:

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?

| NO | YES |
|----|-----|
|----|-----|

If Yes, describe:

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

**I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Applicant/sponsor/name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_