

TOWN OF OLIVE PLANNING BOARD
APPLICATION FOR SUBDIVISION

No. _____

P.O. BOX 180
WEST SHOKAN, NY 12481

Date Sept. 15, 2023

APPLICANT:

Name of Owner MICHAEL J. NICHOLS + BARBARA DEANE Name of Representative _____
 Address 351 ALORN HILL RD. Address _____
OLIVEBRIDGE N.Y. 12461
 Phone 845-657-9527 Phone _____
 Name of Surveyor JOHN POST Address: P.O. Box 827 STONERIDGE MIL 12484
 Phone: 845-706-7528

PROPERTY:

Subdivision Name NICHOLS Property lies in RC10, RR3 RE1, BV1/2, BH1/2
 Location (Road) 351 ALORN HILL RD Any part in flood hazard area? No Yes _____
 Olive Tax Map # 53.2 Block 3 Lot 37.114
 Total Area of Property in Acres 30.891 Total Lots 2
 A list of names and addresses of abutting land owners is required with the maps.

Sketch Plan 3 Maps Required
 Preliminary Plan 4 Maps Required
 Final Plan 7 Maps Required & Linen

OWNER(S) Michael J. Nichols
 Signatures: _____

PLANNING BOARD USE ONLY

DATE APPROVED	DATE	Approved by	DATE
Sketch Plan _____	Public Hearing Notice in Paper _____	County Health _____	
Preliminary Plan _____	Public Hearing _____	NYC EPA _____	
Final Plan _____	Other Approved _____	Town Highway Dept. _____	
No. of Lots	Amount per Lot		
_____ X	Application Fee _____ =		
_____ X	Recreation Trust Fund _____ =		
Date Fees Sent to Town Supervisor: _____	Application Fee _____	Trust Fund _____	