

VILLAGE OF ALEXANDRIA BAY  
SUB DIVISION  
APPLICATION

Tax Map No. \_\_\_\_\_ Date: \_\_\_\_\_  
Project Property Address: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Major Sub Division  Minor Sub Division  Lot Line Adjustment

Total Number of Parcels upon completion: \_\_\_\_\_

Total Acres, Existing: \_\_\_\_\_ Acres developed: \_\_\_\_\_ Acres undisturbed: \_\_\_\_\_

Construction Cost: \$ \_\_\_\_\_ .00

Proposed Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Phased Project:  Yes  No

Property Currently Zoned: \_\_\_\_\_ Currently Occupied  No  Yes

If yes as: \_\_\_\_\_

Name of Applicant if different: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name of Preparer:  Architect  Engineer  Surveyor if any: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Intentions:  Applicant Development  Developer  Sale / Purchase Options

Proposed Use of the Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Classification for Project:  1&2 Family  Townhouse  Residential  Business / Commercial  
 Industrial  Agricultural  Accessory Structure  Change of Occupancy

Project includes:  Wet Lands  Flood Plain  Hazardous Materials Remediation  
 Subdivision  Harbor Management  Waterfront Consistency LWRP (Waterfront)  
 Municipal Sanitary Sewer  Municipal Storm Water  Municipal Water  Municipal Streets  
Project is intended to be:  Permanent  Temporary  Seasonal

**SUBMITAL REQUIRED:**

Refer to Chapter 132 for detailed submittal requirements.

**Affirmation:**

Applicant affirms under the penalty of perjury the truth and accuracy of all information provided in connection with this application. It is understood by the applicant that any privileges granted in connection with this application are in reliance on the truth and accuracy of all information provided and are subject to revocation in the event of the falsity or inaccuracy of any such information.

Applicant Name (Printed): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Contact Information:**

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

