

**TOWN PLANNING BOARD
TOWN OF MIDDLETOWN**

**FORM 1. APPLICATION FOR SKETCH REVIEW
(to be filed in duplicate)**

Date: _____ Fee: _____

1. Name of Subdivision: _____

2. Name of Owner/applicant: _____

Address: _____
(STREET NO. & NAME) (PO BOX) (STATE) (ZIP)

3. Name of Applicant (if different): _____

Address: _____
(STREET NO. & NAME) (PO BOX) (STATE) (ZIP)

4. Engineer: _____ Phone: ()-

Address: _____
(STREET NO. & NAME) (PO BOX) (STATE) (ZIP)

5. Land Surveyor: _____ Phone: ()-

Address: _____
(STREET NO. & NAME) (PO BOX) (STATE) (ZIP)

6. Attorney: _____ Phone: ()-

Address: _____
(STREET NO. & NAME) (PO BOX) (STATE) (ZIP)

7. Subdivision Location: on the _____ side of _____
(DIRECTION) (ROAD)

_____ feet _____ of _____
(DIRECTION) (ROAD)

8. Special Districts: School: Fire: Postal: Other: _____

9. Total acreage: _____ Number of lots: _____

10. Tax Map Designation: Sheet: _____ Block: _____ Lot: _____

11. Is any open space being offered as part of this subdivision application? Yes No

If so, what amount? _____

12. Is any variance or waiver from Subdivision Regulations requested? Yes No

13. Proposed classification of Subdivision: _____

14. Attach three (3) copies of Sketch Plan.

15. List all contiguous holdings in the same ownership:

Tax map sheet: _____	Block: _____	Lot(s) _____
Tax map sheet: _____	Block: _____	Lot(s) _____
Tax map sheet: _____	Block: _____	Lot(s) _____

SIGNATURE OF APPLICANT: _____ DATE: _____