

TOWN OF MOREAU
SUBDIVISION APPLICATION
"PRELIMINARY REVIEW"

To be reviewed by: Moreau Planning Board
Town of Moreau
Saratoga County, New York

Application Number: _____

State Environmental Quality Review Act Date Submitted to Department: _____

Type I _____ Type II _____ Date Application Accepted: _____

Name or Title of Subdivision ERIC BAKER SUB.

Property Location: ON NORTH SIDE OF MOTT RD

1. Applicant's Name: ERIC BAKER

Street Address: PO 156

City, State, Zip Code: GANSEVOORT, NY 12831

Telephone Number: 793-5599 Fax Number: _____

E-mail Address: _____

2. Agent's Name: WILLIAM ROURKELS

Street Address: _____

City, State, Zip Code: _____

Telephone Number: 793-8989 Fax Number: _____

E-mail Address: WJ ROURKE@YAHOO.COM

3. Owner's Name: GEORGE BAKER (FATHER DECEASED)

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

4. Surveyor's Name: WILLIAM ROURKE
 License Number: LS. 49098
 Street Address: 299 RESERVOIR RD
 City, State, Zip Code: FORT EDW. N.Y
 Telephone Number: 793-8989 Fax Number: _____
 E-mail Address: WJ.ROURKE@YAHOO.COM

5. Engineer's Name: EXISTING UTILITIES
 License Number: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____ Fax Number: _____
 E-mail Address: _____

6. Date of Sketch Plan Review SEPT 7, 2020

7. Sketch Plan Review: determined that the project may () or may not () have an adverse environmental impact.

8. Has the Sketch Plan been altered in any manner either by Planning Board recommendation or for any other reason? yes () no ()
 If yes, attach a complete explanation thereof.

9. Required approvals determined by Sketch Plan Review:

	Yes	No
Federal ()	()	()
NYS Department of Health	()	()
NYS Department of Environmental Conservation	()	()
*NYS Department of Transportation	()	()
Saratoga County Department of Public Works	()	()
Moreau Highway Department	()	()
Moreau Water Department	()	()
Moreau Sewer Department	()	()

The undersigned hereby requests the approval by the Planning Board of the above Identified Preliminary Subdivision Plat.

TOWN OF MOREAU

AUTHORIZATION

"TO ACT AS AGENT FOR"

I, ERIC BAKER owner of premises

located at MOTT ROAD

Tax Map Number 91.0-1-35 hereby designate

WILLIAM ROURKE as my agent regarding

an application for: ERIC BAKER SUBDIVISION

(Subdivision)

(Site Plan Review)

of the above premises.

Deed Reference Book _____ Page _____ Date _____

Does the above parcel represent the owner's entire contiguous holdings? Please attach an explanation.

No

Signed: _____

Date: _____

Form must be Notarized

TOWN OF MOREAU

"The parties hereto consent that the proceedings which result from the within application may be recorded and transcribed by the Planning Board Secretary and that such minutes as may be transcribed shall constitute the official record of all proceedings regarding this application, unless the same may vary from the handwritten minutes minutes taken by the Planning Board Secretary, in which event the handwritten minutes as to such inconsistencies shall be deemed the official record"

Date: 8-28-2020

Applicant's Signature: [Handwritten Signature]

Form must be Notarized

[Handwritten Signature: Denise D. Murphy]

DENISE D. MURPHY
Notary Public, State of New York
Qualified in Saratoga County
Registration No. 01MU4867899
My Comm. Expires 08/18/2020