

Realty Subdivision Checklist

To be completed by owner/ applicant (or designated agent).

Please answer the following questions regarding your subdivision application:

- 1) Number of lots* created by this subdivision: _____
 - 2) Number of lots to be created of 5 acres or less: _____
 - 3) Has this tract* of land been subdivided within the past 3 consecutive years? _____
 - 4) If yes, please state the date(s) when the plats (maps) were filed with the Washington County Clerk's Office: _____
 - 5) Numbers of lots created by all previous subdivision(s) of 5 acres or less: _____
 - 6) Will the total number of lots of 5 acres or less from all subdivisions (including the subdivision currently being created) exceed 5 lots: _____
-

I, _____ hereby certify that the
(Please print)
Information given above and contained in this form is true and accurate.

Signature

Date

***Definitions:**

The term lot(s) shall mean all lots, including non-contiguous lots, which are less than one-half mile from any point on the boundary of any other lot in the tract of land to be subdivided.

The term tract refers to "any body of land, including contiguous parcel of land under one ownership or under common control of any group of persons acting in concert as part of a common scheme or plan."(Public Health Law, Article 11, Section 1115 Subsection 2).

Compliance with Public Health Law

Applicant; please read the following and proceed according:

If the answer to either question number 2 or 5 of the Realty Subdivision Checklist exceeds five (5) or if the answer to question number 6 is yes, then the applicant is creating a realty subdivision. Applicants creating a realty subdivision must apply to the New York State Department of Health for approval of the water supply and sewage service facilities in compliance with Public Health Law (Article 11, Title II).

Please use enclosed New York State Department of Health (NYSDOH) "Applicant's Checklist for Proposed Realty Subdivisions" and contact the NYSDOH for further information and instructions:

**Glens Falls District Office
77 Mohican Street
Glens Falls, NY 12801
Phone (518) 793-3893**

For office use:

If the applicant does not appear to meet the criteria of a realty subdivision and your municipality has determined that this subdivision does not require NYSDOH approval, please sign the statement below and attach this checklist to the approved subdivision plat (maps) for filing with the Washington County Clerk's Office. The municipal board with the authority to make the final decision regarding subdivision reviews should complete and sign the following statement:

The **Planning Board, Town Board or Village Board of Trustees** of the **Town/ Village**
(Circle One) *(Circle One)*
of _____ has determined that this subdivision does not meet the criteria of a Realty Subdivision as defined by Article 11 Title II Section 1115 of Public Health Law; therefore, does not require approval of the New York State Department of Health.

Planning Board Chair, Town Supervisor or Village Mayor
(Circle One)

Name (Please Print)

Signature

Date