TOWN OF CAMILLUS

AMENDED PRELIMINARY PLAT

1. Name of Subdivision: _____
2. Tax Map Parcel #: _____
3. Date of preliminary plat approval: _____
4. State proposed amendment: _____

_____

_____

_____

_____

Dated: _____ Applicant: _____

Please note: Professional fees to be paid will be determined by the Planning Board at the first meeting at which your application is considered.

PROCEDURE:

Deliver to the Planning Board Clerk:

- One original AND one digital file of the application and all required additional documents and materials.
- Fee (as determined by current Town of Camillus fee schedule)

You will be notified by the Planning Board Clerk of the acceptance of this application and the date you are to appear before the Planning Board. If you have any questions, contact the Planning Board Clerk at planningboard@townofcamillus.com .