

**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: \_\_\_\_\_

Procedure:

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

1. Deliver to the Planning Board clerk ten (10) copies of the proposed amendment which shall be shown on engineered drawings. If the plats are available in .PDF format, please email them to the clerk or submit a CD-ROM in addition to the hard copies.
2. Ten (10) copies of the application must be submitted.
3. Fee is \$100.00 – Payable to Camillus Planning Board.