

**APPLICATION FOR LAND SEPARATION  
TOWN OF DARIEN, NEW YORK 14040**

Application # \_\_\_\_\_

Date \_\_\_\_\_

**OWNER:**

**AUTHORIZED AGENT:**

-SUBMIT AUTHORIZING LETTER-

Name \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

**TO BE FILLED IN BY THE APPLICANT:**

1. Tax Map Parcel # (T.M.P.) \_\_\_\_\_ Property Location \_\_\_\_\_

2. Provide a brief purpose and description of this land separation \_\_\_\_\_

3. Provide a sketch plan (9 copies) of the proposed land separation that shall show:

a. The entire tract of land owned by the owner.

b. The proposed division (lot) lines.

c. Any existing or proposed easements, deed restrictions or covenants affecting the tract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**PRELIMINARY:**

1. Does parcel front on an existing street? YES  NO
2. Does parcel require an extension of municipal facilities? YES  NO
3. Does parcel comply with all area requirements? YES  NO

If no, list non-conformity \_\_\_\_\_

4. Fees paid? NO  YES  if yes, check # \_\_\_\_\_ Amount \_\_\_\_\_

**ACTION TAKEN BY PLANNING BOARD:**

Process this application as a SUBDIVISION  Do not answer the remaining questions. Proceed to Subdivision Process.

or LAND SEPARATION  Answer the remaining questions.

-Health Department Approval Required? NO  YES  if YES Conventional

Non-Conventional

-Parcel Survey Waived? NO  YES  if YES, state reason. \_\_\_\_\_

Planning Board APPROVAL  DISAPPROVAL

APPROVAL with Modifications  List Modifications \_\_\_\_\_

**FINAL AUTHORIZATION:**

Planning Board Approval

Disapproval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Copy Distribution: Planning Board, Z.E.O., Applicant