

**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