

**APPLICATION FOR LAND SEPARATION
TOWN OF ALEXANDER, NY 14005**

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 (4 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
or LAND SEPARATION

Do not answer the remaining questions. Proceed to Subdivision Process.

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