

**APPLICATION FOR LAND SEPARATION
TOWN OF PEMBROKE, NEW YORK 14036**

Application # _____

Date _____

Owner :

Authorized Agent

-Submit Authorizing Letter -

Name _____

Name _____

Mailing Address _____

Mailing Address _____

Telephone # _____

Telephone # _____

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 (8 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 questions.

or LAND SEPARATION

Answer the remaining questions.

- Health Department Approval Required? NO YES if yes, Conventional
Non-Conventional

- Parcel Survey Waived? NO YES

Planning Board - Approval Disapproval Approval with Modifications

List Modifications: _____

FINAL AUTHORIZATION: Planning Board Approval Disapproval

Signature

Date