

TOWN OF BENNINGTON, NY

Application # _____

Land Separation / Adjoinment Application

Tax ID # _____

*******It is recommended all owner(s) attend the Planning Board meeting*******

To the Zoning Enforcement Officer, Town of Bennington: Pursuant to the provision of the zoning law of said Town, application is hereby made for a permit. **NO SEPARATION OR ADJOINMENT IS TO BE MADE BEFORE APPROVAL OF THE PLANNING BOARD.** Circle one: **Separation** **Adjoinment**

Address/Location of Parcel(s) Applying for Separation / Adjoinment: _____

If this is for land separation, to the best of your knowledge has this property within the past five years been part of a previous land separation? Circle appropriate answer. If yes, what year was the separation in? **Yes--What Year** _____ **or Not Known** **No**

List **ALL** Land Owner(s) names & home addresses and attach **copy of Deed**:

NAME & PHONE NUMBER

ADDRESS

Acreage Original Parcel(s): _____ Number of Parcels being created by split or joined: _____

Circle One: **Vacant** **Single Family** **Farm** **Other** (explain) _____

Parcel #1 (current owner keeping OR first parcel of land being joined)

Parcel #2 (proposed new owner of split property OR second parcel of land being joined)

Acreage: _____ acres

Acreage: _____ acres

Check if attaching additional sheets for more than 2 parcels.

List all buildings and sizes:

Reason for Separation or Adjoinment: _____

Attach **5 COPIES** of the **original stamped** survey of the existing property(ies) to be divided or joined showing **dimensions** of proposed new lot lines and submit to Zoning Enforcement Officer.

(1 to zoning officer, 3 to Planning Board, 1 returned to applicant with Approved Application to proceed)

Signatures of **ALL** Owners:

Date Submitted: _____

ZONING OFFICER SECTION (must be completed before being submitted to Planning Board)

Zoning Officer	Date Received	Next PB Meeting	PB Member
	Date Received		

Zoning Officer's Notes: _____

PLANNING BOARD SECTION

Check applicable decision:

- Approved with below Conditions
 Planning Board Conditions to be incorporated by applicant before final authorization is made as follows:

Acceptance by Owner(s) of above Conditions:

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

- Approved with no Conditions

Denied and Reason: _____

Planning Board Approval of Decision:

PB Chairperson Signature: _____ Date: _____

Applicant must submit to the Planning Board **within 180 days** of this approval **3 stamped** prints of a property survey prepared by a NYS Licensed Land Surveyor. Failure to submit survey documentation within 180 days will render Planning Board's approval null and void.

Upon receipt of **3 stamped** prints (1 to Zoning Office, 1 to Planning Board and 1 with PB decision returned to applicant) from a NYS Land Surveyor, the Planning board will inspect and determine if surveys and application meet all requirements, then a resolution will be made by the Planning Board and stamped.

Date of Planning Board Meeting (not to exceed 180 days from approval of application): _____

 PB Chairperson Signature _____ Date

Place Resolution stamp here: