

ROCKLAND COUNTY DRAINAGE AGENCY

23 New Hempstead Road
New City, New York 10956
Tel: (845) 638-5081 Fax: (845) 708-7116



APPLICATION FOR SUBDIVISION PLAT REVIEW

DATE: _____

Property Owner: _____ Phone No: _____

Address: _____

Authorized Representative: _____ Phone No: _____
(If different than Property Owner)

Address: _____

Name of Subdivision: _____ Tax Lot & Block No: _____

Town/Village: _____

Date of Planning Board Approval: _____

Name of Surveyor and license number: _____

Please list all easements, conservation easements, covenants, deed restrictions or any other filing requirements of the approving municipal board as part of subdivision approval: _____

Pursuant to the Rockland County Stream Control Act, Chapter 846, "No subdivision map shall be filed by the Rockland County Clerk without first being signed by the Chairman of the Rockland County Drainage Agency to ensure that the subdivision map is in compliance with [Chapter 846] and any local law, rules or regulations adopted pursuant thereto and to ensure that no existing violations of [Chapter 846] or any other local law rules or regulations adopted pursuant thereto or of a permit issued pursuant thereto remains uncured....."

Please provide a final approved subdivision mylar together with a certified copy of the planning board decision granting final subdivision approval. Proof that all easements, deed restrictions together with all other planning board requirements granting final subdivision approval has been complied with must be submitted. No application will be considered complete without submission of requisite proof that all easements and deed restrictions have been received in acceptable form; and all other planning board requirements have been satisfied.

PLEASE ALLOW 7-10 BUSINESS DAYS FROM RECEIPT OF A **COMPLETED** APPLICATION FOR ROCKLAND COUNTY DRAINAGE AGENCY REVIEW. THE ROCKLAND COUNTY DRAINAGE AGENCY WILL CONTACT THE APPLICANT ABOVE LISTED WHEN SUBDIVISION PLATS ARE READY FOR PICK UP OR IF ADDITIONAL INFORMATION IS REQUIRED TO COMPLETE THE APPLICATION.

Applicant's signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE /AGENCY USE ONLY

APPLICATION NO./COMPLETE/DATE _____

____/____/____

REVIEW: _____