

# Town of Galway

SARATOGA COUNTY, NY  
ESTABLISHED 1792  
PLANNING BOARD

5910 Sacandaga Rd  
Galway, NY 12074  
Tele. - 518-882-6070

## **Form #001-LLA – Request for Lot Line Adjustment**

<b>Town Office Use Only:</b>
Application No: _____
Date Received: _____

By definition, a lot line adjustment is any alteration of lines or dimensions of any lots or sites shown on a plat previously filed in the office of the County Clerk or set forth on the applicable tax map that does not result in an additional lot being created and is the conveyance of a portion of one parcel to an adjoining parcel.

Generally speaking, such an action involves two adjoining tax parcels but could involve multiple adjoining properties. At the discretion of the town Planning Board, all or certain subdivision requirements may be waived in the matter of a lot line adjustment.

When requesting a lot line adjustment, please submit the following information along with this application form:

- a) **Eight (8) copies** of a sketch plan or certified survey map showing the proposed lot line adjustment<sup>1</sup>
- b) A completed SEQRA/EAF Short Form (attached or available at [www.dec.ny.gov/permits/6191.html](http://www.dec.ny.gov/permits/6191.html)) - Part I only, signed/dated
- c) Application Fee must accompany application (Please refer to current Planning Board Fee Schedule available at Town Hall)
- d) Submit to attention of Planning Board Clerk (must be received by the first of the month to be placed on the agenda for that month)

### **Applicant Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Optional Other Phone \_\_\_\_\_

**The purpose of this application is to request approval for a Lot Line Adjustment involving the properties listed below:**

Property #1: Owner \_\_\_\_\_  
(Property #1 should be the same as above- named applicant)

Property Location (street/road name, house/lot #) \_\_\_\_\_  
\_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Property #2: Owner \_\_\_\_\_  
Property Location \_\_\_\_\_  
\_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Property #3: Owner \_\_\_\_\_  
Property Location \_\_\_\_\_  
\_\_\_\_\_ Tax Parcel # \_\_\_\_\_

The objective of this proposal is to: (Provide a brief narrative)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> For final approval/filing, the applicant will need a certified survey map showing the lot line adjustment as approved by the Planning Board. A sketch plan will not be accepted as the final approved map. One (1) Mylar and two (2) paper copies are required for the Chairman's signature.

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**Form #001-LLA – Review of Lot Line Adjustment (Cont'd)**

I, \_\_\_\_\_, hereby known as the applicant for this action, do hereby affirm that all the information provided in this application is correct and accurate. I understand that furnishing information that is not correct, or fraudulent, may negate any findings and/or approvals granted by the Town of Galway Planning Board in regard this to application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I/We the undersigned do hereby affirm and say that I/we are the owner(s) of properties #2 - 3, respectively, and acknowledge and approve of the submission of this application by

\_\_\_\_\_ for a lot line adjustment between our properties.  
(applicant name)

Signed Owner Property #2: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Owner Property #3: \_\_\_\_\_ Date: \_\_\_\_\_

**Town Use Only:**

**Date:**

**Planning Board Action:**

Submission of sketch plan: \_\_\_\_\_ [ ] Accepted [ ] Rejected

SEQR Form Submitted: \_\_\_\_\_ [ ] Accepted [ ] Rejected

( ) Waived

Referred to county: \_\_\_\_\_

Public Hearing \_\_\_\_\_ [ ] Waived

Final Survey Submitted/Approved \_\_\_\_\_

Fee \$ \_\_\_\_\_ paid on \_\_\_\_\_ (date)

**Appendix C**  
**State Environmental Quality Review**  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
**For UNLISTED ACTIONS Only**

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN <b>ANY</b> ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)	
C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:	
C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:	
C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:	
C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:	
C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:	
C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:	
C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which <b>MAY</b> occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> provide, on attachments as necessary, the reasons supporting this determination.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)