

Town Office Use Only:
Application No: _____
Date Received: _____

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

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) **Five (5) 11x17 and (1) 24x36 copies of a sketch plan or certified survey map showing the proposed lot line adjustment.**
- b) **A completed SEQRA/EAF Short Form (attached or available at 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)**
- e) **IF THE PROPERTIES INVOLVED ARE BOTH OWNED BY THE SAME PERSON, LOT LINE ADJUSTMENT CAN BE COMPLETED BY THE TAX ASSESSORS.**

Applicant Information:

Name: _____

Mailing Address: _____

Telephone: _____ *Optional* Other Phone _____

Email: _____

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 # _____

Yes/No – Property is within Saratoga County AG District #2; on a State or County highway; or within 500’ of municipal boundary.

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)*

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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: _____ Declaration: _____

Public Hearing Date: _____ [] Waived

Final Survey Submitted/Approved _____

Application Fee \$ _____ paid on _____ (date)