

# 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

### Town Office Use Only:

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:

- Eight (8) copies** of a sketch plan or certified survey map showing the proposed lot line adjustment<sup>1</sup>
- 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
- Application Fee must accompany application (Please refer to current Planning Board Fee Schedule available at Town Hall)
- 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's 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)