

TOWN OF BALLSTON

REVIEW OF LOT LINE ADJUSTMENT

OFFICE USE

Date Rec'd: _____

Case No:- _____

Hearing Date: _____

Disposition _____

County Planning ___yes___no

Application Fee: \$75.00

Please submit with application:

- 1) 12 copies of Survey Map**
- 2) 2 copies of deed or color of title**
- 3) 1 copy of page one of attached short form EAF**

To: Planning Board/Building Inspector
Town of Ballston, P.O. Box 67, Burnt Hills, NY 12027-0067

The purpose of this application is to request a Lot Line Adjustment involving properties owned by:

- | | |
|----------|-----------------------|
| 1) _____ | Tax Map Number: _____ |
| 2) _____ | Tax Map Number: _____ |
| 3) _____ | Tax Map Number: _____ |
| 4) _____ | Tax Map Number: _____ |

located at _____

The purpose of this proposal is to _____

***Do any of the above properties have an Agricultural exemption? [] Yes [] No**

***(Verify with Assessor's Office)**

Applications must be submitted 14 calendar days prior to the scheduled meeting

Planning Board Meetings are held the last Wednesday of each month.

Signature

Name (Please Print or Type)

Address Telephone Number