

**TOWN OF BALLSTON**

**OFFICE USE**

**REVIEW OF LOT LINE ADJUSTMENT**

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) _____ | <b>Tax Map Number:</b> _____ |
| 2) _____ | <b>Tax Map Number:</b> _____ |
| 3) _____ | <b>Tax Map Number:</b> _____ |
| 4) _____ | <b>Tax Map Number:</b> _____ |

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 21 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**