



TOWN OF BALLSTON

323 Charlton Road, Ballston Spa, NY 12020
MAIL TO: P.O. Box 67, Burnt Hills, NY 12027

APPLICATION FOR REVIEW OF ASSIGNED EDUs (Equivalent Dwelling Units)

Please note that an inspection of the property may be necessary by the municipal representative to review and verify the status of the property as requested by this application.

*Application must be submitted by **March 1** for adjustment to the following tax year.*

Property Owner Name(s): _____

Property Address: _____ Tax Map ID: _____

Mailing Address (if different): _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

How many EDUs have been assigned to this parcel? _____

Is the current designated use of this property being changed? Yes No

If yes, from a _____ to a _____

Are plans being made to file for a Building or Special Use Permit? Yes No

Has a Building Permit been filed with the Building Dept? Yes No When? _____

If you are requesting a review for: Vacant Land – complete Part 1
Residential Property – complete Part 2
Commercial Property – complete Part 3
Residential and Commercial Property – complete Parts 2 and 3

PART 1: Is this property vacant land? Yes No
Is this property permanently conserved/deed restricted? Yes No
Does this property have municipal water? Yes No

*Please provide documentation of conservation easement or deed restriction.

PART 2: Is this a single-family dwelling? Yes No
More than a single-family dwelling? Yes No
Number of separate habitable dwellings? _____
Number of living units per dwelling? _____



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PART 3: Does this parcel have one or more commercial uses? Yes No
More than one separate business? Yes No
Number of separate business uses _____
Describe the use(s): _____

Any other pertinent information to support your application for review:

I, the undersigned, do acknowledge that this form has been completed by me (or my representative) to the best of my ability and that the information herein, contained is accurate and truthful. I further acknowledge that if the current status of this property should change, I will notify the Assessor of such change before **March 1**.

Printed Name Signature Date

SUBMIT THE COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO THE ASSESSOR'S OFFICE

OFFICE USE ONLY

Reviewer(s): _____ Date Reviewed: _____

Site Inspection date, if applicable: _____

Comments & Findings: _____

