

APPLICATION FOR REVIEW AND APPROVAL OF LOT LINE ADJUSTMENT PROPOSAL

1. Tax Map#: _____ Zone: _____
2. Is the Property within the Town of Cobleskill Water/Sewer District? Yes No
3. Is this property within an Agricultural District? Yes No If Yes, Distr. # _____
4. Reason for Adjustment: _____
5. Is this an allowable use within the zone? Yes No
6. Owner of property for which Lot Line Adjustment is being submitted:
Name: _____
Address: _____
Phone/Fax: _____ Email: _____
7. Owner of 2nd property involved:
Name: _____ Tax Map#: _____
8. Owner of 3rd property involved:
Name: _____ Tax Map#: _____
9. Licensed Land Surveyor or Engineer:
Name: _____
Address: _____
Phone/Fax: _____ Email: _____
10. Location of Proposed Lot Line Adjustment (Attach a detailed description).
11. Generally describe any easements or other property restrictions: (Attach copy of deed)

12. List the names of adjoining landowners on back of this application.
13. Presenter is: Owner *or* Representative (submit a *Letter of Authorization)
14. Exception/s are requested and are listed on the back of this application. The Planning Board is hereby requested to authorize the exceptions to or waivers of its regulations governing Lot Line Adjustments.
13. Minimum requirements to be attached:
 - a) Map/Site Plan (minimum size 8 1/2" x 11" to scale) including distances to property lines.
 - b) Agricultural Data Statement (if applicable).
 - c) State Environmental Quality Review – Short EAF (Full EAF if requested by the Board).

The undersigned hereby requests approval by the Planning Board of the above identified Lot Line Adjustment. I hereby acknowledge that I or my authorized agent have read this application in full and have followed zoning law procedures as outlined in the Town of Cobleskill Subdivision Regulations and Zoning Law.

Signature: _____ **Date:** _____

\$50.00 fee (payable to the *Town of Cobleskill*) is due with the submission of this application..

One (1) paper copy of the sketch plan no larger than 11" x 17" must be submitted to the Planning Board Secretary at the above address no less than fifteen (15) days prior to the **meeting. If sketch plan is larger

than 11" x 17", submit a paper copy *plus* a copy in digital format as a *.TIFF* file on a CD or thumb drive. Minimum size 8.5" x 11", to scale.

*Download *Letter of Authorization* <https://www4.schohariecounty-ny.gov/government/town-of-cobleskill/planning/forms/>

***The Planning Board meets every 4th Monday of each month @ 7pm in the Village of Cobleskill building located at 378 Mineral Springs Road.*

NOTE: This application will expire one (1) year from the date of submission unless an extension, which is mutually agreed upon by owner and the Planning Board, is submitted in writing.