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ZBA/ZEO/Planning: (845) 688-5008
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Fax: (845) 688-9863

P.O. Box 134, 7209 Rte. 28, Shandaken, NY 12480

APPLICATION FOR LOT LINE ADJUSTMENT

OWNERS OF PROPERTIES BEING ADJUSTED – If more than two properties involved, list others on reverse side of this form, and check this block. [☐]

NAME(S): (A) _____ (B) _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: (____) _____ (____) _____

LOCATION OF PROPERTY: On the _____ side(s) of _____ Rd/St.

[☐] being also known as or [☐] within 500' of ____ State/County Highway # _____, or approx.

_____ feet from _____ Rd/St. in the Hamlet/Town of _____

In a _____ Zoning District Size of parcel being transferred: _____

FROM: **SECTION:** _____ - **BLOCK** _____ - **LOT** _____ **CURRENT LOT SIZE:** _____

TO: **SECTION:** _____ - **BLOCK** _____ - **LOT** _____ **CURRENT LOT SIZE:** _____

If more than two lots involved, continue on reverse and check this block [☐]

EASEMENTS, COVENANTS OR OTHER RESTRICTIONS NOW APPLYING TO PROPERTY:

PURPOSE OF THIS APPLICATION:

SURVEYOR OR ENGINEER:

OTHER REPRESENTATIVE:

NAME(S): _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____

The undersigned, as individual owner(s) or as a qualified officer of the corporation of the above described property request approval of a proposed Lot Line Adjustment of that property, in accordance with a plat to be submitted with supporting data as provided in Subdivision Regulations of the Town of Shandaken, and hereby authorize entry upon the property for site inspection by members and authorized representatives of the Planning board of the Town of Shandaken.

DATE: _____ SIGNATURE: _____