BOUNDARY LINE ADJUSTMENT APPLICATION
PLANNING BOARD

FOR OFFICE USE ONLY

File No. _____

Date Received: _____

Name of Applicant: _____

( ) Owner ( ) Agent *(All parties who are not the owner of record must have written authorization to represent the owner):*

Owner Information: Name: _____ Phone: _____

Address: _____ State: ____ Zip:_____ E-mail: _____

Agent Information: Name: _____ Phone: _____

Address: _____ State: ____ Zip:_____ E-mail: _____

Surveyor or Engineer Information: Name: _____ Phone: _____

Address: _____ State: ____ Zip:_____ E-mail: _____

Location Address: _____

_____ **Tax Map Number:** _____

Full Names of all abutting owners and owners directly across adjoining streets: *(including those of other townships)*

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

The undersigned hereby requests a Boundary Line Adjustment Review by the Planning Board for the above-mentioned location.

_____ _____

Date Signature/Title

Please obtain a copy of the Zoning Regulations from the Town Clerk or on-line. This will give you all the information that you will need to prepare for a Boundary Line Adjustment Review (Minor Subdivision Section 197-5). Meetings are the first Thursday of the month. Please have a survey to this office, at least 10 days prior to your scheduled meeting. Bring or send to: Copake Planning Board, 230 Mountain View Road, Copake, New York 12516.