TOWN OF LAKE GEORGE

20 OLD POST ROAD
LAKE GEORGE, NY 12845
Tel No: 518-668-5722
Email address: pzclerk@townoflakegeorge.gov

DATE: _____ APPLICATION NO: _____

APPLICATION FOR LOT LINE ADJUSTMENT

Please submit three (3) paper copies and one (1) MYLAR original of the final stamped scale drawings. This application, legal descriptions (deed), tax search on the properties to be adjusted, and any other supporting documents. The application fee is $50.

Applicant: _____Phone: _____

Address: _____Email:_____

_____

Property Owner: _____Phone: _____

Address: _____Email:_____

_____

Additional Owner (If applicable): _____Phone: _____

Address: _____Email:_____

_____

Agent or Representative: _____Phone: _____

Address: _____Email:_____

_____

Surveyor / Engineer: _____Phone: _____

Address: _____Email:_____

_____

Location of Properties: _____

Tax Map No(s): _____Zoning District:_____

OFFICE USE ONLY

Date: _____ Fee Amount: _____ Receipt Number: _____

Adjustment Questions:

Will any additional lots be created? Yes No

Will the proposed exchange or transfer of lands preclude the proper future development, subdivision, or re-subdivision of the affected properties, or will it impede the maintenance of existing or development of future access to utility services to either lot? Yes No

Will the proposed exchange or transfer of lands create any non-conformity with the terms and regulations of the Town of Lake George Zoning Code or Subdivision Regulations? Yes No

Application Agreement:

I affirm that I am familiar with the information on this form and all attachments submitted with it and that, to the best of my knowledge, all of the information presented is true & no information relevant to this application has been omitted or misrepresented. I hereby expressly acknowledge that any failure to accurately present information relevant to this application may result in application denial, nullification of approval or revocation of any permit received.

Signature

Owner's Signature: _____ Date: _____

Additional Owner's Signature (If Applicable): _____ Date: _____

AUTHORIZATION FORM

"TO ACT AS AGENT FOR"

I, _____seller/owner of premises located at

_____ hereby designate:
(Property)

_____ to act as agent for this Site Plan application.
(Name)

Agent Information:

Name: _____

Phone: _____

Address: _____

Email: _____

OWNER'S SIGNATURE: _____ Date: _____

IF THE AUTHORIZATION FORM IS NOT APPLICABLE, PLEASE SIGN AND DATE

SIGNATURE: _____ DATE: _____