

**Town Office Use Only:**

Application No: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Town of Galway**

SARATOGA COUNTY, NY  
ESTABLISHED 1792  
PLANNING BOARD

5910 Sacandaga Rd  
Galway, NY 12074  
Tele. - 518-882-6070

**Form #001-LLA – Request for Lot Line Adjustment**

By definition, a lot line adjustment is any alteration of lines or dimensions of any lots or sites shown on a plat previously filed in the office of the County Clerk or set forth on the applicable tax map that does not result in an additional lot being created and is the conveyance of a portion of one parcel to an adjoining parcel. Generally speaking, such an action involves two adjoining tax parcels but could involve multiple adjoining properties. At the discretion of the town Planning Board, all or certain subdivision requirements may be waived in the matter of a lot line adjustment.

When requesting a lot line adjustment, please submit the following information along with this application form:

- a) Five (5) 11x17 (5) 24x36 copies and one digital copy of a sketch plan or certified survey map showing the proposed lot line adjustment.**
- b) A completed SEQRA/EAF Short Form (attached or available at [www.dec.ny.gov/permits/6191.html](http://www.dec.ny.gov/permits/6191.html)) - Part I only, signed/dated.**
- c) Application Fee must accompany application (Please refer to the current Planning Board Fee Schedule available at Town Hall)**
- d) Submitted to attention of Planning Board Clerk (must be received by the 20<sup>th</sup> of the month prior to be placed on the agenda for the next meeting)**
- e) IF THE PROPERTIES INVOLVED ARE BOTH OWNED BY THE SAME PERSON, LOT LINE ADJUSTMENT CAN BE COMPLETED BY THE TAX ASSESSORS.**

**Applicant Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Optional Other Phone \_\_\_\_\_

Email: \_\_\_\_\_

**The purpose of this application is to request approval for a Lot Line Adjustment involving the properties listed below:**

Property #1: Owner \_\_\_\_\_

*(Property #1 should be the same as above- named applicant)*

Property Location (street/road name, house/lot #) \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

**Yes/No** – Property is within Saratoga County AG District #2; on a State or County highway; or within 500' of municipal boundary.

Property #2: Owner \_\_\_\_\_

Property Location \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Property #3: Owner \_\_\_\_\_

Property Location \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

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The objective of this proposal is to: *(Provide a brief narrative)*

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**Form #001-LLA – Review of Lot Line Adjustment (Cont'd)**

I, \_\_\_\_\_, hereby known as the applicant for this action, do hereby affirm that all the information provided in this application is correct and accurate. I understand that furnishing information that is not correct, or fraudulent, may negate any findings and/or approvals granted by the Town of Galway Planning Board in regard this to application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I/We the undersigned do hereby affirm and say that I/we are the owner(s) of properties #2 - 3, respectively, and acknowledge and approve of the submission of this application by

\_\_\_\_\_ for a lot line adjustment between our properties.  
(Applicant name)

Signed Owner Property #2: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Owner Property #3: \_\_\_\_\_ Date: \_\_\_\_\_

**ESCROW:** As per section 115-64 A of the Town of Galway code any application may be required to establish an escrow account based on the estimated cost of the Town for professional review of the proposal. Professional review services include but are not limited to Engineers, Attorneys, Architects, Landscape designers, Surveyors, Appraisers, and Planners. For additional information refer to Section 115-64 A-G.

Initials \_\_\_\_\_

All driveways shall be in conformance with the Zoning Section 115-25 of the Galway Town Code. For all driveways over 100feet long a preliminary driveway plan must be submitted to the Town Code Enforcement Officer to ensure adequate fire and emergency vehicle access prior to the issuance of a building permit.

Initials \_\_\_\_\_

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**Date:**

Complete Application: \_\_\_\_\_ ( ) Accepted ( ) Rejected

Submission of sketch plan: \_\_\_\_\_ [ ] Accepted [ ] Rejected

SEQR Form Submitted: \_\_\_\_\_ [ ] Accepted [ ] Rejected ( ) Waived

Referred to county: \_\_\_\_\_ Declaration: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_ [ ] Waived

Final Survey Submitted/Approved \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ paid on \_\_\_\_\_ (date)