

# LOT LINE ADJUSTMENT APPLICATION

*Town of Lake George*  
*Town Center, 20 Old Post Road*  
*Lake George, NY 12845*  
*Telephone 518-668-5722 (X5)*  
Email: [dbarusch@lakegeorgetown.org](mailto:dbarusch@lakegeorgetown.org)

**Instruction:** This application shall be completed in full, either typed or printed clearly in ink, and filed with the Town of Lake George Planning and Zoning Office.

**Description:** This application shall be used when a property owner(s) or their representative is adjusting or combining two or more parcels. All required information for the application can be found herein. This applicant fee shall be \$50.

**Submission Requirements:** Please submit two (2) 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 document.

## 1. Applicant's Information

- a. Applicant's Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Tax Map ID: \_\_\_\_\_
- d. Telephone No.: \_\_\_\_\_

## 2. Additional Owner's (Optional)

- a. Owner's Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Tax Map ID: \_\_\_\_\_
- d. Telephone No.: \_\_\_\_\_

## 3. Agent's/Broker Name: (Optional)

- a. Agent's Name: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_
- c. City, State, ZIP: \_\_\_\_\_
- d. Telephone Number: \_\_\_\_\_

## 4. Surveyor/Engineer

- a. Surveyor/Engineer Name: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_
- c. City, State, ZIP: \_\_\_\_\_
- d. Telephone Number: \_\_\_\_\_

## 5. Tax Map Number(s) of Parcels involved:

\_\_\_\_\_  
\_\_\_\_\_

6. Description of Location of the Property:

\_\_\_\_\_

7. Will any additional lots be created? Yes No

8. 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

9. 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

**Signatures of Owner(s):**

To the best of my knowledge the information provided in this application and on the attached final plot and accompanying documentation is true and accurate. I, the undersigned, have thoroughly read and understand the application for lot line adjustment and I consent to all of the requirements as set forth in the application and the applicable lot line adjustment procedures.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner (optional)

\_\_\_\_\_  
Date

**Authorization to Act as Agent For:**

In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application, the following statement must be completed and signed:  
I, \_\_\_\_\_, owner of the premises located at \_\_\_\_\_  
with Tax Map Number \_\_\_\_\_ hereby designate \_\_\_\_\_  
as my agent regarding an application for lot line adjustment of the premises.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

**Office Use Only:**

**Application Number:** \_\_\_\_\_

**Date issued:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_