



**Town of Corinth  
Planning Board Department**

600 Palmer Avenue  
Corinth, New York 12822  
Phone (518) 654-9232 Ext. 6  
Fax (518) 654-7751

**Boundary Line Adjustment Application**

Application # \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**General Information:**

- A. Application Fee of \$50.00 with application submission.
  - a. Cash or check only. Check need to be made Payable to *Town of Corinth Planning Board*.
  - b. All fees are non-refundable.
- B. A copy of current Deed.
- C. If the original plat boundary lines were surveyed, then, if applicable, the adjusted Boundary Line(s) shall be surveyed by a registered land surveyor and signed and submitted with this application.
- D. Existing and proposed new legal descriptions and parcel sizes must be shown.
- E. Existing and proposed structures, well, septic and leach fields, as applicable, must be noted on plat.
- F. Submit TWO (2) mylars and One (1) paper copy of the maps.
- G. Existing Boundary line to be adjusted be shown with (dashed lines) and the *New Boundary Line* to be shown with (solid line).
- H. Plats must be to scale not smaller than fifty feet (50') to the inch, drawn accurately to scale with approximate dimensions shown and including bearings, distances and location of iron pipes.

**Document Title(s) or transactions contained therein:**

*Grantor(s) - Current Property Owner's Information*

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Tax Map # \_\_\_\_\_ Zoning District: \_\_\_\_\_

Check if the same as location of the property/address to be adjusted

*Grantee(s) -Person who receiving/benefiting from Boundary Line Adjustment*

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Tax Map # \_\_\_\_\_ Zoning District: \_\_\_\_\_

Check if the same as location of the property/address to be adjusted

*Surveyor Information*

Name \_\_\_\_\_ Position \_\_\_\_\_ Organization \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Fax# \_\_\_\_\_  
 Email Address \_\_\_\_\_

*Location of the property(ies)- Street Address(es) to be adjusted- If different than noted on prior page*

Grantor  Grantee

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tax Map # \_\_\_\_\_ Zoning District: \_\_\_\_\_

Grantor  Grantee

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tax Map # \_\_\_\_\_ Zoning District: \_\_\_\_\_



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***Boundary Line Adjustment Application***

**Acknowledge, Agreement, and Statement of Consent and Waiver of Claims**

I, (We) the Owner (s) of all property described herein do hereby acknowledge and agree to Hold The Town of Corinth harmless in any course of action arising out of the Boundary Line Adjustment or recordation of the same.

I (We), the Owner (s) of all the property involved in this Boundary Line Adjustment, hereby consent to the adjustment of Property lines as proposed in this application.

I (we) the applicant(s) for this application do hereby affirm that all the information provided in this application is correct and accurate. I (we) understand that furnishing information that is not correct or fraudulent may negate any findings and/or approvals granted by the Town of Corinth Planning Board in regards to this application.

Further, I (we) do hereby affirm and say that I (we) are the owner(s) of the subject property.

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***\*\*Must be signed in front of a Certified Notary Public\*\****

**In witness whereof**, we have set our signatures this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

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

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

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

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

**Notary Acknowledgement**

This is to certify that on the \_\_\_ day of \_\_\_\_\_ 20\_\_\_, before me, \_\_\_\_\_ and \_\_\_\_\_ personally appeared to me, known to be the person(s) who executed this Acknowledge, Agreement, and Statement of Consent and Waiver of Claims form and acknowledge that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned in the instrument.

Notary Stamp:

\_\_\_\_\_  
**Notary Public Signature**

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Reviewed and  **Approved**  **Denied** on \_\_\_\_\_ 20\_\_\_.

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**Town of Corinth Planning Board Chairman Signature**