

# 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	l:		
***Application	leadline is NOON, 10 busi	ness days PRIOR to the	meeting date. *	**
	eetings are held at 6:00PN	-	<del>-</del>	
<u> </u>	<del>-</del>	ll, 600 Palmer Ave.		<del></del>
***DDE {: -/-/ -f All -	·	·		**\
	ubmission materials (send	a files to: Isummers@to	wnotcorintnny.c	<u>om **)</u>
General Information:  A. Application Fee of \$100.00	with application submission			
	neck need to be made Payable t	o Town of Corinth Planning R	oard	
b. All fees are non-refund		o rown of comment rumning b	ouru.	
<b>B.</b> A copy of current Deed.	aubic.			
• •	e(s) shall be surveyed by a regist	ered land surveyor and signe	d and submitted with	n this
• •	legal descriptions and parcel siz	es must be shown.		
= : :	ctures, well, septic and leach fiel		ted on plat.	
- · · · · · · · · · · · · · · · · · · ·	1 electronic copy of the map wi			after approval
	e adjusted be shown with (dashe			
•	ately to scale with dimensions s	hown and including bearings,	distances and location	on of iron
pipes.	,	0 0,		
Document Title(s) or transac	tions contained therein:			
Grantor(s) - Current Property Ov	<u> </u>			
Name		ame		
Address				Phone #
	Email Address			
Tax Map #	_	•		
Check if the same as location	n of the property/address to be	adjusted		
Grantee(s) -Person who receiving				
Name	Na	ame		
Address				
Phone #				
Tax Map # Check if the same as location				
Check if the same as location	or the property/address to be a	aujusteu		
Surveyor Information				
	Position	Organization		
NameAddressPhone #	City	State	Zip Code	
Phone # Email Address	Ext	Fax#		
Email Address				
Location of the property(ies)— St	reet Address(es) to be adjusted-	If different than noted above	,	
Grantor Grantee		, . ,,		
Address	City	State	Zip	
Tax Map #				<del></del>
Grantor Grantee				
Address	Citv	State	Zip	

\_\_\_ Zoning District: \_\_\_\_

\_Page 1 of 2

Tax Map # \_\_\_



## 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**

### 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.

**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)
<u>Notary Ackr</u>	nowledgement
	appeared to me, known to be the person(s) who executed it and Waiver of Claims form and acknowledge that they d for the uses and purposes therein mentioned in the
Notary Stamp:	
	Notary Public Signature
Reviewed and Approved Denied on	20