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: _____

*****Application deadline is NOON, 10 business days PRIOR to the meeting date. *****

Planning Board meetings are held at 6:00PM on the third Thursday of the month at the Corinth Town Hall, 600 Palmer Ave.

*****PDF file(s) of All submission materials (send files to: boardclerk@townofcorinthny.gov **)**

General Information:

A. Application Fee of $100.00 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. 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 8 paper copies and 1 electronic copy of the map with the application and 2 mylars and 1 paper copy after approval.

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 drawn accurately to scale with 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 above

☐ Grantor ☐ Grantee
Address _____ City _____ State _____ Zip _____
Tax Map # _____ Zoning District: _____

☐ Grantor ☐ Grantee
Address _____ City _____ State _____ Zip _____
Tax Map # _____ Zoning District: _____

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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)

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

Reviewed and ☐ ***Approved*** ☐ ***Denied*** on _____20___.

Town of Corinth Planning Board Chairman Signature