



TOWN OF DAY PLANNING BOARD

1650 North Shore Road, Hadley, New York 12835
Phone: (518)696-3789, Ext. 305 Fax: (518)696-5391

Email: dayadmin@townofday.com

BOUNDARY LINE ADJUSTMENT APPLICATION

The Following Items **MUST** Be Submitted to The Planning Board for a determination that a Proposed Boundary Line Adjustment is **NOT** a Subdivision.

1. A completed application which has been signed by at least one owner or representative of the owner of **both** parcels 1 and 2.
2. Drawings or maps which depict:
 - (a) the existing condition and boundary lines **before adjustment**, including areas and dimensions; and locations of septic systems, wells and structures, if they exist.

AND

- (b) the conditions and boundary lines **after adjustment**, including areas and dimensions; and locations of septic systems, wells and structures, if they exist.
3. A completed SEQRA Environmental Assessment Short Form or Long Form (whichever is required). A copy of the Short form is attached to this Application. A copy of the Long form may be obtained from the Clerk to the Planning Board.
4. Check payable to "Town of Day" for filing fee in the amount of \$75.00.

PLEASE NOTE

Completed applications are due to the clerk of the Planning Board by close of business on the Tuesday prior to the regular Planning Board meeting.

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**APPLICATION FOR A DETERMINATION THAT A PROPOSED
BOUNDARY LINE ADJUSTMENT IS NOT A SUBDIVISION**

**Applicant Parcel #1
(proposed boundary change):**

Name_____

Address_____

Telephone_____

**Applicant Parcel #2 (Second side of
proposed boundary change):**

Name_____

Address_____

Telephone_____

**Owner Parcel #1 (if different from
Applicant):**

Name_____

Address_____

Telephone_____

**Owner Parcel #2 (if different from
Applicant):**

Name_____

Address_____

Telephone_____

Parcel 1 information:

Tax Section_____Block_____Lot_____

Zoning Classification_____

Current Land Area_____

Parcel 2 information:

Tax Section_____Block_____Lot_____

Zoning Classification_____

Current Land Area_____

Directions to Site: _____

Brief Description Including Reason for Adjustment: _____

Additional required information: Drawings or maps which depict (1) the existing condition and boundary lines before adjustment, including areas and dimensions and locations of septic systems, wells and structures, if they exist; and, (2) the conditions and boundary lines after adjustment including areas and dimensions and locations of septic systems, wells and structures, if they exist.

APPLICATION CERTIFICATION:

By signing this application, I (we) hereby certify that all the information provided on this application and all attachments is true and correct. I (we) give permission for the members of the Planning Board to enter upon and inspect my(our) property and/or permit area in connection with this application NOTE: Written verification or other proof supporting the statements included in this application can and may be asked for if the Planning Board determines that such information is needed.

Signature of Applicant

Date

Signature of Owner(s)

Date

Signature of Owner(s)

Date

If Applicant is to be represented by someone else; i.e. a contractor, surveyor, engineer, or attorney, the representation certification must be signed.

REPRESENTATION CERTIFICATION:

I hereby authorize _____ to be my official representative
For this application

Signature of Owner/Applicant

Date