



**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: lsummers@townofcorinthny.com ***)**

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: _____

