

Town of Horicon Planning Board

PO Box 90 Brant Lake, NY 12815

Application # _____

(518) 494-4245

Fax (518) 494-5240

email: zoningplanning@horiconny.gov

Boundary Line Adjustment Application

The purpose of this application is to allow the property owner to
adjust the boundary lines of said parcels:

Tax Map Number(s) #1 _____ **#2** _____

these numbers will refer to specific questions relating to each parcel

#1 Property Owner's Name : _____

Mailing Address: _____

Phone Number(s) _____

#2 Property Owner's Name : _____

Mailing Address: _____

Phone Number(s) _____

Contractor's/Agent/Representative's Name (if Applicable) _____

Address: _____

Phone Number(s) _____

Parcel Size(s) (acreage or sq. ft): **#1:** _____ **#2:** _____

Location of Property(s) (911 address) **#1:** _____

#2: _____

Zone Classification & Acres: **#1:** _____ **#2:** _____

If parcel(s) is in multiple zones, indicate all zones.

CR-20,000 sq. ft, CR-3.2 acres,
R1-20,000 sq. ft, R1-1.3 acres, R1-2 acres, R1-3.2 acres, R1-10 acres,
R1A-3.2. acres, R1A-5 acres,
R2-2 acres, R2-3.2 acres, R2-5 acres, R2-10 acres,
LC-10 acres, LC-42.6 acres,
RRD-3.2 acres, RRD-5 acres, RRD-10 acres.

Are the lots presently conforming lots? YES NO

IF NO, What lot(s) are not conforming: _____

Proposed lot size(s): #1 _____ #2 _____

Will the boundary line adjustment leave all proposed lots conforming? YES NO

IF NO, What lot(s) will not be conforming: _____

Current use of property: (What is present on this parcel today) list **all** structures:

#1: _____

#2: _____

Proposed use(what are you proposing to accomplish with this application): (i.e. merge/sell lot(s) build home etc.)

Description of how to find Property/Properties: _____

Are the lot(s) in question within 500 feet of a County or State Road, Right of Way or Park, Municipal Boundary, watershed draining, any County or State Facilities? YES NO

County and State Roads: State Rte 8 Palisades Rd - Co. Rd#26
East Shore Dr - Co. Rd #15 Valentine Pond Rd - Co. Rd #55
Horicon Ave - Co. Rd #31 Market St - Co. Rd #33
East Schroon River Rd - Co. Rd #64 Watering Tub Rd - Co. Rd #53

Are there wetlands on the property? YES NO UNKNOWN

IF YES, _____ Acres/Sq.Ft. On what parcel? _____

If wetlands are present, are the wetlands being retained on the original, remaining parcel? YES NO

IF UNKNOWN, have you contacted the APA to visit the site and flag possible wetlands? YES NO

Is an Adirondack Park Agency (APA) permit required? YES NO UNKNOWN

IF YES, Have you applied for an APA permit? YES NO If yes, please attach correspondence.

IF UNKNOWN, Have you applied for an APA Jurisdictional determination? YES NO

IF YES, please attach correspondence.

Are additional documents presented as part of this application? YES NO

* if yes, then mark all additional documents as Exhibit A, Exhibit B, etc.

Additional data on proposed boundary line adjustment. _____

Notice is hereby given that in the event the Town of Horicon determines that technical assistance is needed to review the project, the reasonable and necessary expenses associated with such review shall be borne by the project applicant

I, We hereby authorize the Town of Horicon, it's employees and authorized agents access to the property for purpose of inspection.

Applicant's Signature _____
Date

Applicant's Signature _____
Date 2010-01-29

Town of Horicon

Planning Board

Boundary Line Adjustment Application and Instructions

1. Fill out and return **Ten (10) copies** of this application and all materials to the Town of Horicon Zoning & Planning Office.

A) Deadline for applications is a **minimum of 14 days prior** to the regularly scheduled meeting. Planning Board meetings are held on the third Wednesday of each month at 7:30 PM. (Subject to change without notice).

B) Attach location map showing the present boundary lines and the proposed boundary lines.

2. Attach **five (5) copies** of a current **survey map** showing all existing boundary lines and the proposed boundary lines.

A. Name and address of the parcel in question; North Arrow and scale.

B. The specific boundaries of the area to be adjusted.

C. Zoning district boundaries (if applicable) and the surrounding land use.

D. Existing drainage features.

E. Location of streams, ponds, rivers, marshes and culverts.

F. Present site conditions, (i.e) easements, existing utilities, structures, trees, streets and street names.

G. Present utilities, means of sewage disposal, method of water supply and storm drainage.

H. Proposed lot layout.

I. Any proposed right of ways for access to the new lot.

3. Attach Ten (10) copies of your deed as proof of ownership.

4. If application is represented by someone other than the owner of record, the **AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER** must be completed, notarized and attached to this application. (10 copies)

5. Enclose a check for the appropriate fee payable to the Town of Horicon.

Check List:

Application _____

Location map_____

Survey map_____

Deed_____

Authorization form (If needed)_____

Payment_____

Note: This application **DOES NOT** require an Environmental Assessment Form.

AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER

I, _____, the owner of record of the property described in this application hereby empower, _____ to act as my agent and representative in conducting presentations to the necessary board(s) and in deliberations with the board(s) pertaining to my application.

As my agent, He/She is empowered to act on my behalf in full. In so doing I, the owner applicant, understand that I am bound by any conditions imposed on my project and agreed to by my agent or by conditions or restrictions imposed by my agent as part of the presentation.

Signature of Owner/Applicant

Signature of Owner/Applicant

Date

Date

Notary

Notary

Signature of Agent/Representative

Signature of Agent/Representative

Date

Date

Notary

Notary