



TOWN OF CHESTER PLANNING BOARD

BOUNDARY LINE ADJUSTMENT APPLICATION AND INSTRUCTIONS

(The transfer of a small amount of land which consists of less than the minimum lot size required in the zoning district in which it is located and which does not create an additional parcel of land or cause a lot size deficiency in either the granting or receiving parcel. A boundary line adjustment is subject to the provisions of Section 7.22.)

- 1.) Fill out and return this application along with all the required materials to the Office of Planning and Zoning. Deadline for filing is ten (10) days prior to any regularly scheduled meeting. Meetings are held on the third Monday of each month at 7:00 PM, unless the third Monday falls on a holiday. **Applicants or their agents must be in attendance in order for their project to be reviewed.**
- 2.) Attach a survey map showing all existing boundary lines and the proposed boundary lines.
- 3.) Please provide **ten (10) copies** of Application, including deed, survey map, and authorization form (if applicable).
- 4.) Enclose a check for the appropriate fee made payable to: **TOWN OF CHESTER.**
- 5.) An application being represented by someone other than the owner of record must include the completed, notarized **AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER**, attached to this application.

CHECK LIST:

- ✓ Application _____
- ✓ Survey Map _____
- ✓ Deed _____
- ✓ Authorization Form (If Applicable) _____
- ✓ Appropriate Payment _____



TOWN OF CHESTER
PLANNING BOARD
P.O. Box 423
CHESTERTOWN, NY 12817

APPLICATION #: _____
DATE RECEIVED: _____

APPLICATION FOR BOUNDARY LINE ADJUSTMENT

Name of Applicant: _____

Mailing Address: _____

Phone #: _____
Home Work Cell

Agent/Representative Name (if applicable): _____

Mailing Address: _____

Phone #: _____
Home Work Cell

GRANTOR PARCEL PROPERTY OWNER:

Name: _____

Mailing Address: _____

Phone #: _____
Home Work Cell

RECEIVING PARCEL PROPERTY OWNER:

Name: _____

Mailing Address: _____

Phone #: _____
Home Work Cell

GRANTOR PARCEL INFORMATION:

Grantor Parcel Address: _____

Grantor Parcel Tax Map Number: _____

Grantor Parcel Use of Property (List all structures): _____

Zone Classification ( Check one): HAMLET: _____ LOW INTENSITY: _____ MOD. INTENSITY: _____

RURAL USE: _____ RESOURCE MGMT.: _____ INDUSTRIAL: _____


Current Lot Size (acreage): _____ Granting: _____ Proposed Adjusted Lot Size: _____

RECEIVING PARCEL INFORMATION:

Receiving Parcel Address: _____

Receiving Parcel Tax Map Number: _____

Receiving Parcel Use of Property (List all structures): _____

Zone Classification ( Check one): HAMLET: _____ LOW INTENSITY: _____ MOD. INTENSITY: _____

RURAL USE: _____ RESOURCE MGMT.: _____ INDUSTRIAL: _____

Current Lot Size (acreage): _____ Receiving: _____ Proposed Adjusted Lot Size: _____

Are there wetlands on the property? Yes _____ No _____ Unknown _____

➤ If yes, what size area do they cover (acreage)? _____

➤ If unknown, have you contacted the Adirondack Park Agency to visit the site and flag any wetlands?

Yes _____ No _____

If wetlands are present, will they be retained with the original parcel? Yes _____ No _____

Is an Adirondack Park Agency (APA) Permit required? Yes _____ No _____ Unknown _____

Have you applied for an APA Jurisdictional Determination or Permit? Yes _____ No _____ Unknown _____

If yes, please list which you have applied for (please attach correspondence):

I, We, hereby authorize the Town of Chester, its employees and authorized agents access to the property for purpose of inspection.

Applicant's Signature _____ Date _____

Grantor Parcel Owner's Signature _____ Date _____

Receiving Parcel Owner's Signature _____ Date _____

FOR OFFICE USE ONLY:			
Date Application Received: _____	Amount Received: _____	Received By: _____	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> CONDITIONALLY APPROVED	<input type="checkbox"/> DENIED	Date: _____

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 any conditions or restrictions imposed by my agent as part of the presentation.

Signature of Owner/Applicant

Signature of Owner/Applicant

Signature of Agent/Representative

Signature of Agent/Representative

Date: _____

Date: _____

Notary: _____

Notary: _____