

Town of Cobleskill Planning Board
PO Box 327
Cobleskill, NY 12043

Phone: (518) 234-1719
www.schohariecounty-ny.gov
Email: coby1@nycap.rr.com

APPLICATION FOR REVIEW AND APPROVAL OF LOT LINE ADJUSTMENT PROPOSAL

1. Tax Map#: _____ Zone: _____
2. Reason for Adjustment: _____
3. Owner of property for which Lot Line Adjustment is being submitted:
Name: _____
Address: _____
Phone/Fax: _____ Email: _____
4. Owner of 2nd property involved:
Name: _____ Tax Map#: _____
5. Owner of 3rd property involved:
Name: _____ Tax Map#: _____
6. Licensed Land Surveyor or Engineer:
Name: _____
Address: _____
Phone/Fax: _____ Email: _____
7. Location of Proposed Lot Line Adjustment: (Please attach a detailed description)
8. Generally describe any easements or other property restrictions: (Please attach copy of deed)
9. Write names of adjoining landowners on back of application.
10. Presenter: (Letter of authorization if presenter is not owner – on Planning Board page of website under forms)
11. Requested Exceptions. The Planning Board is hereby requested to authorize the following exceptions to or waivers of its regulations governing Lot Line Adjustments.

The undersigned hereby requests approval by the Planning Board of the above identified Lot Line Adjustment. I hereby acknowledge that I or my authorized agent have read this application in full and followed zoning law procedures as outlined in the Town of Cobleskill Subdivision Regulations and Zoning Law.

Signature: _____ Date: _____

\$50.00 fee is due with the submission of the application. Payable to the "Town of Cobleskill"

9 copies of the sketch plan must be submitted to the Planning Board Secretary, at the above address, fifteen (15) days prior to the meeting.

The Planning Board meets every 3rd Wednesday of each month @ 7pm in the Village of Cobleskill building located at 378 Mineral Springs Rd.

Application will expire within one (1) year date of submission unless a written extension; which is mutually agreed upon by owner and the Board, is submitted.