

TOWN OF STILLWATER

BUILDING, PLANNING & DEVELOPMENT DEPARTMENT
881 HUDSON AVE, STILLWATER, NY 12170
(518) 664-6148, EXT. 215



Planning Department

**Lot Line Adjustment
Application**
Fee: \$250.00 per line

OFFICE USE ONLY

Project # _____

Total Fee Paid \$ _____ Rec'd by: _____

DATE: ____ / ____ / 20__

PROJECT INFORMATION

Project Name: _____

Address/Location: _____

APPLICANT/REPRESENTATIVE INFORMATION

***ALL INFORMATION IN THIS SECTION IS REQUIRED FOR A COMPLETE APPLICATION**

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Owner (if owner is different from applicant, owner authorization section must be completed and signed)

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

SITE INFORMATION

Parcel Identification (SBL) # of all lots included: _____

Number of proposed lots: _____

Zoning District: _____

Size of existing lot(s): _____ acres, _____ acres, _____ acres, _____ acres

Size of proposed lots: _____ acres, _____ acres, _____ acres, _____ acres

Proposed Use: Commercial Multi-Family Single-Family

Has owner subdivided any portion of the above-described property prior to the date of this application? Yes No If yes, indicate number of parcels _____ Date: _____

Total Proposed Lot Coverage (acres): _____

Total Proposed Open Space (acres): _____

Does the proposal meet all setback requirement within the zoning district: Yes No

Frontage: _____

Total Proposed Disturbance: _____

Proposed Building Size: _____ SF N/A

SWPPP Prepared: Yes No

SIGNATURES

I, the undersigned, have thoroughly read and understand the application and the list of items to be shown on the plans and documents for review and I consent to all the requirements as set forth in the application.

Signature: _____ Date _____

AUTHORIZATION TO ACT AS AGENT (OWNER AUTHORIZATION)

In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, _____, owner of the above referenced lot(s) hereby designates _____ as my agent regarding this application for review.

Signature: _____ Date _____

APPLICATION PREPARATION CHECKLIST

***Applications must be submitted along with the Application Fee and deemed complete by the department to be considered for placement on an agenda. Incomplete applications will not be accepted and will be returned to the applicant. Exclusion of any required materials will result in the delay of project review.**

COPIES: The following materials are required:

****Three (3) printed copies and 1 digital copy of the following materials:**

**Applicant
Initials**

APPLICATION FORM

NARRATIVE: Written Description of the proposal to include:

Evidence of how the developer's particular mix of land uses meets existing community demands.

A general statement as to how common open space is to be owned and maintained.

How the plan is in conformance with the Town's Comprehensive Plan

A fiscal impact analysis identifying projected short- and long-term impacts on municipal and school district budgets.

SWPPP: (If Required) A Stormwater Pollution Prevention Plan in conformance with requirements with the current State Pollution Discharge and Elimination System Permit for Stormwater Discharges from Construction Activity

SHORT ENVIRONMENTAL ASSESSMENT FORM:

Pursuant to the N.Y.S. State Environmental Quality Review Act (SEQRA).

AGRICULTURAL DATA STATEMENT: (If Required) For all projects within Saratoga County Ag District 1

Available at: <https://www.stillwatery.org/building-planning-development/planning-department/planning-board-forms-and-application/>

MAPS:

Size of 22x34 inch maximum should be used when practical *Printed maps must be folded

See Map requirements below

DIGITAL COPIES:

Digital copies are mandatory. Any applications submitted without digital copies shall be deemed incomplete.

*Must be on USB Drive or downloadable email format

OFFICE USE ONLY	
PUBLIC NOTICE FEE: The cost of this fee will be determined by the Planning Board based on the number of notifications required and must be submitted no later than 14 days prior to the meeting	
ENGINEER ESCROW AND LEGAL ESCROW FEES: To be determined following initial review of the application. This fee must be paid prior to placement on an agenda	
Additional copies of any and all materials MAY BE REQUESTED AT ANY TIME	

MAP/PLAN REQUIREMENTS	
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MAP MUST INCLUDE:	Applicant initials
Survey Map drawn to scale at one-inch equals 50 feet or larger.	
All existing and proposed boundary lines	
Size in acres of existing and proposed lots	
Include one sheet showing the overall plan	
All existing and proposed easements and Rights of Way	
Existing Zoning Districts and boundaries	
Names and owners of all adjacent properties	
Street names for any existing or proposed roadways	
Federal or State regulated wetland delineations	
Location and design of all proposed site improvements including drainage, retaining walls, berms, fencing, etc.	
Location of existing or proposed waste water treatment	
Location of existing or proposed water supply	
Location of the various uses and their areas	
Delineation of proposed uses	
Proposed Open Space system	
Overall drainage system	
Topographic map with intervals of 10ft	
North arrow and site location map	
Phasing Plan if the development is to be phased a general indication of how the phasing is to proceed. Whether or not the development is to be phased, the sketch plan of this section shall show the intended total project.	
Total area of proposed disturbance	

MAP/PLAN REQUIREMENTS

**Applicant
initials**

Standard notes as detailed below*

1. This property may border a farm, as defined in the Town of Stillwater Local Law #1 of the year 1997. Residents should be aware that farmers have the right to undertake farm practices which may generate dust, odor, smoke, noise and vibration.
2. This proposal includes a total of **[insert parcel area]** ± acres and lies within the Town of Stillwater **[insert zoning district]** zoning district.
 Min lot size: _____ sf

 Min lot width @ bldg line: _____ ft

 Setbacks:
 Front: _____ ft
 Side: _____ ft
 Rear: _____ ft
3. Parcel is identified as tax parcel **[insert tax ID number]**, Town of Stillwater, Saratoga County, New York.
4. The average lot size is **[insert size]** sq. ft.
5. Describe any easements or other restrictions on this property

***Standard Notes:** The following notes are the minimum requirement on all plats. Additional notes may be necessary as defined in the Town Subdivision Design Standards, Section 1.12 or as requested by the Planning Board.

Approval Block as shown below:

TOWN OF STILLWATER PLANNING DEPARTMENT APPROVAL
 APPROVED BY THE PLANNING DEPARTMENT OF THE TOWN OF STILLWATER, NEW YORK, ON THE _____ DAY OF _____, 20____ SUBJECT TO ALL REQUIREMENTS AND CONDITIONS. ANY CHANGES, ERASURES, MODIFICATIONS OR REVISIONS OF THIS PLAT, AS APPROVED, SHALL VOID THIS APPROVAL SIGNED THE _____ DAY OF _____, 20____
 BY _____
 PLANNING DEPARTMENT