15 Mountain Road Ravena, New York 12143 Phone: (518) 756-8201 Fax: (518) 756-8356 buildingdept@villageofravena.com

Joseph J. Burns, Sante DeBacco Building and Fire Inspectors



Village of Ravena Building Department

Lot Line Adjustment Application

	For Zoning/Plan	ining Board Use Unity:		
Tax Map Parcel No:		Application Number:		
Received by:				
		NS TO APPLICANT:		
Complete all parts of this form. N		until all questions have been answered or	satisfacto	orily
		nds ready to help you but you must furnish	the info	rmation
required by law before the Zoning/	Planning Board ca	an take action on your application.		
Subdivision Name and	Location:			
Landowner No. 1:		Landowner No. 2:		
Name:		Name:	,	20
Address:		Address:		
Phone No.	_	Phone No		
Sq. Ft. of Lot No. 1 before adjustment:		Sq. Ft. of Lot No. 2 before adjustment:		
Sq. Ft. of Lot No. 1 after adjus	tment:	Sq. Ft. of Lot No. 2 after adjustm	ent: _	
Zoning Law Requirements a. Minimum lot size:	Required	Shown on Plan		
b. Minimum lot frontage:				
Brief Description of lot line				
adjustment:			- ; ;	
Lot Line Adjustment Applicati	THE RESERVE OF THE PARTY OF THE	lock, & tax parcel numbers	Yes	No
		ames of owners (including property		+
across any public road)				
-	1,500	F)		
		lar copy acceptable for filing with the		
		ed the plat, over signed in red ink		1

Note to Applicant:

Before you submit this application for approval of a lot line adjustment, MAKE SURE that all applicable requirements of the Village of Ravena Zoning/Planning Board have been met. No public hearing will be required. All documents must be furnished in form satisfactorily to the Village of Ravena Zoning/Planning Board or a written explanation is given to any items omitted.

The undersigned hereby requests approval by the Village of Ravena Zoning/Planning Board of the identified application for lot line adjustment. I hereby certify that I have completed the application to the best of my ability and have complied with all applicable regulations of the Village of Ravena Zoning. I certify that the application information is complete and I believe all information given to be true.

Signature of Applicant	Signature of Landowner (If applicant is not landowner)
Date:	Date:
Sworn to me before this day of,	Sworn to me before this day of,
Notary Public	Notary Public

FOR ZONING/ PLANNING BOARD USE ONL	Y
	Date
1. Sketch Plan submitted to Zoning/Planning Board (optional)	
7. Decision made on Application for a Lot Line Adjustment	
Approved Disapproved Conditionally Approved Conditions of Approval:	
Signature of Zoning/Planning Board Chair	Date
8. Notice of decision mailed to applicant	