



# Town of Clifton Park

## Planning Department

One Town Hall Plaza | Clifton Park, New York 12065 | (518) 371-6054 | FAX: (518) 371-1136

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TO: Applicants and Consultants

FROM: Planning Department Staff

RE: **Lot Line Adjustment Application Package**

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Attached to this Guidance Document for a Lot Line Adjustment please find the required forms which must accompany each request as outlined below:

1. Applications for lot line adjustments shall be made in writing to the Planning Director and shall consist of the following documentation:
  - a. Completed Lot Line Application Form, Short Environmental Assessment Form, and Map. The map must consist of a survey map prepared by a licensed engineer or surveyor which indicates the existing lot lines as well as the proposed adjusted lot line on a scale no smaller than one inch equaling 100 feet.
  - b. Copies of the deeds to the properties in their current configuration, and a proposed deed for the parcel to be conveyed as a result of the lot line adjustment. A metes and bounds description of the properties in their present configuration and the proposed new configuration.
  - c. Application Fee: A check made payable to "Town of Clifton Park" in the amount of \$100.00 must accompany the lot line adjustment application.
  - d. Completed and signed owner Authorization Forms from all property owners from which any portion of the parcel is proposed to be taken and/or annexed.
2. Once the above items have been received, the Planning Director will forward the application to the Town Zoning Officer, who shall review the application to ensure that the lot line adjustment will not result in any code violations.
3. The Planning Director, in consultation with the Town Zoning Officer, shall review and approve or deny an application for a lot line adjustment within 45 days. If the application is approved, the applicant shall be required to submit **2 mylars** and **7 paper copies** of the map for stamping approval. The applicant is then required to file 1 mylar and 1 paper copy of the map with the Saratoga County Clerk along with the deeds affecting the lot line adjustment parcels.

Please be advised that per Town Code: **If the approval of the lot line adjustment would result in an increase in the development potential of any parcel, then the Planning Director must refer the application to the Planning Board for subdivision review.**

Please call 518-371-6054 if you have any questions or concerns about this information. We look forward to working with you during the coming year.

**TOWN OF CLIFTON PARK PLANNING DEPARTMENT  
APPLICATION FOR LOT LINE ADJUSTMENT REVIEW**

NAME OF LOT LINE

ADJUSTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TAX MAP (SBL) #: \_\_\_\_\_ CURRENT ZONING: \_\_\_\_\_

DESCRIPTION: # of Lots: \_\_\_\_\_ Total Acres to be conveyed: \_\_\_\_\_

NARRATIVE DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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APPLICANT: Name: \_\_\_\_\_ Tax Id./SS #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Email: \_\_\_\_\_

OWNER: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

ENGINEER: Name: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

SURVEYOR: Name: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

FOR ADDITIONAL INFORMATION, CALL THE PLANNING DEPARTMENT: 518-371-6054

**Application Fee:** Submit application with a check payable to the "Town of Clifton Park" in the amount of \$100.00.

*Internal Use Only*  
Project ID:  
Description:  
SBL:

**OWNER AUTHORIZATION FOR  
SITE PLAN/SUBDIVISION REVIEW**

The undersigned, who is the owner/contract vendee of the premises known as \_\_\_\_\_  
\_\_\_\_\_, and identified as Tax Map # \_\_\_\_\_, hereby  
authorizes \_\_\_\_\_ to bring the application herein before  
the Planning Board of the Town of Clifton Park for site plan review/subdivision approval.

The undersigned further permits the Town or its authorized representative access to the property to  
review existing site conditions during the review process.

STATE OF NEW YORK     )  
COUNTY OF SARATOGA   )SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, Two Thousand and \_\_\_\_\_, before me, the subscriber,  
personally appeared \_\_\_\_\_ to me  
personally known and known to me to be the same person described in and who executed the within  
Instrument, and he acknowledged to me that he executed the same.

\_\_\_\_\_  
Owner/Contract Vendee

\_\_\_\_\_  
Notary Public

*Internal Use Only*  
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Description:  
SBL:

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\_\_\_\_\_  
Owner/Contract Vendee

\_\_\_\_\_  
Notary Public

# *Short Environmental Assessment Form*

## *Part 1 - Project Information*

### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<b>NO</b>	<b>YES</b>
			<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<b>NO</b>	<b>YES</b>
			<input type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				

5. Is the proposed action, a. A permitted use under the zoning regulations?	<b>NO</b>	<b>YES</b>	<b>N/A</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?  b. Are public transportation service(s) available at or near the site of the proposed action?  c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____ _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____ _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?  b. Is the proposed action located in an archeological sensitive area?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?  b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES  b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	<b>NO</b>	<b>YES</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?          If Yes, explain purpose and size: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?          If Yes, describe: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?          If Yes, describe: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		