

Applicant Name: _____
Tax Map No.: _____
Application No.: _____

BOUNDARY LINE ADJUSTMENT REVIEW CHECKLIST

Before Initial Hearing

Application received: _____
(Signed by both affected parcels)
(See Town Law for required contents for boundary line adjustment applications)

Check for: Outstanding CEO Matters _____
Prior applications on same or abutting parcels _____
(Include such information in file)

Fee paid: _____

Initial Hearing

SEQRA Type Determined: _____

Application Deemed Complete: _____

Public Hearing Date Set/Determined to be Unnecessary: _____

[If Public Hearing Deemed Necessary:

Notice Published for Hearing: _____

List of Neighbors to be Notified Provided to Applicant: _____

Receipts of Neighbor Mailings Received: _____

Hearing Held: _____

Hearing Closed: _____]

Decision

SEQRA Review Completed: _____

Application Approved/Approved with Conditions/Denied: _____

Decision Mailed to Applicant: _____

Extension Granted: _____

Conditions Confirmed as Satisfied: _____

Map Signed as Approved: _____

Approved Maps Mailed or Picked Up: _____