

TOWN OF AUSTERLITZ, NY PLANNING BOARD  
**APPLICATION FOR BOUNDARY LINE ADJUSTMENT**  
AUSTERLITZ TOWN LAW ARTICLE V

Application Date\_\_\_\_\_

Project No.
-------------

Owner of Donor Parcel: Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_

Email Address\_\_\_\_\_

Preferred Phone\_\_\_\_\_

Owner of Receiving Parcel (If Different): Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_

Email Address\_\_\_\_\_

Preferred Phone\_\_\_\_\_

Surveyor/Engineer: Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_

Email Address\_\_\_\_\_

License No. \_\_\_\_\_

Preferred Phone\_\_\_\_\_

Other Representative: Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_

Email Address\_\_\_\_\_

Preferred Phone\_\_\_\_\_

*Attach letter from owner authorizing representative to appear*

Project Information: Donor Parcel:

Tax Map No(s)\_\_\_\_\_ Acreage\_\_\_\_\_

Receiving Parcel:

Tax Pap No(s)\_\_\_\_\_ Acreage\_\_\_\_\_

Location of Project: \_\_\_\_\_

Reason(s) for requested change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Boundary Line App.p.2)

Anticipated Change(s) in Property Use: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Parcel Owner Signature (if  
Different)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receiving Parcel Owner Signature  
(if Different)

\_\_\_\_\_  
Date

REV'D 9/06/22

App. Fees	Public Hearing	App. Complete	Final Approval
SEQRA Desig	SEQRA Determination		