



## Application for Lot Line Adjustment

Town of Clarence, New York

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Expanding Parcel Information

Property Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Property Address: \_\_\_\_\_

### Expanding Parcel Size

Before Adjustment

After Adjustment

Frontage: \_\_\_\_\_

Frontage: \_\_\_\_\_

Depth: \_\_\_\_\_

Depth: \_\_\_\_\_

Area: \_\_\_\_\_

Area: \_\_\_\_\_

### Decreasing Parcel Information

Property Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Property Address: \_\_\_\_\_

### Decreasing Parcel Size

Before Adjustment

After Adjustment

Frontage: \_\_\_\_\_

Frontage: \_\_\_\_\_

Depth: \_\_\_\_\_

Depth: \_\_\_\_\_

Area: \_\_\_\_\_

Area: \_\_\_\_\_

### Application Checklist:

Signed letter of authorization from both property owners for proposed lot line adjustment. \_\_\_\_\_

Survey depicting current and proposed lot lines, dimensions and areas. \_\_\_\_\_

Both parcels will meet minimum standards as defined in the Code of the Town of Clarence. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Reviewed By: \_\_\_\_\_

Zoning: \_\_\_\_\_

Action: \_\_\_\_\_

Date: \_\_\_\_\_