

Application for Administrative Lot Line Adjustment



PLANNING & BUILDING DEPARTMENT
85 EAST MAIN STREET 585-742-5035
VICTOR NY 14564 585-924-0202 FAX
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Certain minor changes to lot lines in approved subdivisions may be moved or adjusted in limited cases with the approval by a Code Enforcement Officer without Planning Board approval. This process cannot be used to create a new parcel, increase the number of parcels within the subdivision, or create a new street or the need for new or additional public infrastructure.

This application shall include the following:

- Completion of the requested information on this form (on reverse side)
- A brief letter explaining the full scope of activity to be approved by this office
- A full-sized copy of the approved subdivision map
- A new subdivision map depicting the proposed adjustment
- Payment of the required fee
- Written consent for the adjustment from all affected property owners
- Completed SEQR short environmental assessment form
- Completion of *Authorization to Combine Parcels*

Procedure

A Code Enforcement Officer will review this application and make a determination as to whether such adjustment shall be made based upon the Lot Line Adjustment Substantive Criteria. This review can take up to 20 days.

If the Administrative Lot Line Adjustment is granted, the applicant shall submit a new subdivision map Mylar, depicting the requested adjustment (as prepared by a qualified Engineer), with approval signature blocks for the Code Enforcement Officer and the Planning Board Chair. Once executed, the signed subdivision map shall be filed within 62 days in the Town Clerk's Office, County Clerk's Office, and five (5) copies to the Planning & Building Department and a digital copy on a CD in AutoCad2002 format.

The Code Enforcement Officer's determinations shall not be subject to an appeal to the Zoning Board of Appeals. Instead, applicants denied an administrative approval shall have the right to apply directly to the Planning Board for a non-administrative subdivision plat approval of the proposed adjustment, which shall be processed according to the current code. The Planning Board decisions may be appealed as accorded by law.

THIS APPLICATION CONTINUES ON THE OTHER SIDE

FOR OFFICE USE ONLY

Date _____ Application# _____ Receipt #: _____

Name: _____

APPLICATION DATA

Date _____

Applicant's Name _____ Phone# _____

Applicant Address _____ City/St/Zip _____

Email _____

Subdivision _____

Parcel Address _____

Tax Map #s _____

Engineer's Name _____ Phone# _____

Engineer Address _____ City/St/Zip _____

Type of Subdivision: Residential Commercial Industrial

Is the parcel currently in a water-benefited area? Yes No

Is the parcel in a sewer district? Yes No

Will this adjustment involve any roadwork, utilities or infrastructure improvement?

Yes No

If yes, please describe in detail on a separate sheet.

Will this adjustment change any easements (including open space restrictions), grading or approved features?

Yes No

Signature of Applicant: _____ date _____

AUTHORIZATION TO COMBINE PARCELS

REQUIREMENTS

1. All Property Taxes must be paid in full
2. Parcels must have the same deeded owners
3. Parcels must be in the same School District
4. Parcels must be adjacent to each other.



TAX PARCEL INFORMATION

Owners Name:		Date:	
Owners Address:		Phone:	
Municipality:			
	TAX MAP NUMBERS:	PLANNING BOARD APPROVAL IF REQUIRED:	
1)			
2)			
3)			
4)			
5)			

PROPERTY OWNERS ACKNOWLEDGEMENT

I (We) the undersigned owners of the Real Property described above request that the above mentioned properties be combined and I (We) understand that the reversal of this merge may not be possible without consent of the local Planning Board. I (We) understand that the above stated Parcels must be free of mortgages or be encumbered by a common mortgage. I (We) acknowledge that the above stated requirements have been met and I (We) will hold Ontario County Real Property Tax Service, as well as the above stated municipality, harmless for any problems resulting from such merge.

Owners Signature:		Date:	
Owners Signature:		Date:	

ASSESSOR'S ACKNOWLEDGEMENT

I (We) the undersigned Assessor for the above stated municipality find that the properties described above should be combined on the following Assessment Roll as they are contiguous, and have common ownership and use. The Real Property Tax Service and its map division are hereby authorized to combine the aforesaid parcels and assign one number to the resulting parcels. The acknowledgement makes no claim to the legality of the merge and is not a substitute for any local regulation or required board approval process in effect.

Assessor's Signature:		Date:	
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FOR RPTS TAX MAPPING USE ONLY

Date Reviewed:	<input type="checkbox"/> <input type="checkbox"/>		REASON REQUEST DENIED
Filed Survey Map Reference No.		<input type="checkbox"/>	Different Deeded Owners
Meets the Requirements for the Combination:		<input type="checkbox"/>	Different School District
Does <u>NOT</u> Meets the Requirements for the Combination		<input type="checkbox"/>	Parcel not Adjacent
			Delinquent Taxes
COMMENTS:		<input type="checkbox"/>	Other
SIGNATURE:			
New Tax Map Number:			