



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: _____