

Town of Elbridge
Application for Lot Line Adjustment

Tax map numbers from: _____ and to: _____

Zoning classification of each parcel: _____ and _____

Name and address of owner of each parcel:

Reduced size of grantor parcel:

Will any structure on granting parcel become nonconforming because of reduced set back? _____

What will grantee parcel accomplish by this transfer?

Date: _____ Owner of Grantor: _____

Date: _____ Owner of Grantee: _____

Procedure:

1. File seven (7) copies of application and surveys showing each parcel after lot line is adjusted and Short Assessment Form with Town Clerk.
2. Required fee must be paid.
3. Complete and file (3) copies of a Parcel merger Request form.
4. Complete and file a disclosure statement.
5. Complete and file (3) copies of the Agriculture Data Statement if property is within agricultural district #3.
6. Planning Board Clerk will advise you of a date to appear before the Planning Board.

Supervisor	Town Clerk/Receiver	Assessor	Justice Court	H'way Dept.	Codes Office	Rec.
689-6607	689-9031	689-7405	689-7380	689-3351	689-6667	689-6217

PROJECT I.D. NUMBER

Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I-PROJECT INFORMATION (To be completed by Applicant of Project sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION Municipality _____	County _____
4. PRECISE LOCATION (Street address and road intersections, prominent landmark, etc., or provide map)	
5. IS PROPOSED ACTION: ____ New ____ Expansion ____ Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER LAND USE RESTRICTIONS? ____ Yes ____ No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? ____ Residential ____ Industrial ____ Commercial ____ Agricultural ____ Park/Forest/Open space ____ Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? ____ Yes ____ No If Yes, list Agency(s) and permit approval	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? ____ Yes ____ No If Yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? ____ Yes ____ No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor Name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

Supervisor	Town Clerk/Receiver	Assessor	Justice Court	H'way Dept.	Codes Office	Rec.
689-6607	689-9031	689-7405	689-7380	689-3351	689-6667	689-6217

PART II-ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN § NYCRR, PART 617.12? If yes, coordinate the review process and use the FULL EAF. _____ Yes _____ No
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN § NYCRR, PART 617.6? If no, a negative declaration may be superseded by another involved agency. _____ Yes _____ No
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be hand written , if legible) C1. Existing air quality, surface or ground water quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, Archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wild species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including change in use of either quantity or type of energy)? Explain briefly:
D. IS THERE OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? _____ Yes _____ No If yes, explain briefly:

PART III-DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability or occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f)

Supervisor	Town Clerk/Receiver	Assessor	Justice Court	H'way Dept.	Codes Office	Rec.
689-6607	689-9031	689-7405	689-7380	689-3351	689-6667	689-6217

magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

<input type="checkbox"/>	Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination.
<hr/>	
Name of Lead Agency	
<hr/>	<hr/>
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
<hr/>	<hr/>
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

Supervisor	Town Clerk/Receiver	Assessor	Justice Court	H'way Dept.	Codes Office	Rec.
689-6607	689-9031	689-7405	689-7380	689-3351	689-6667	689-6217

GENERAL MUNICIPAL LAW

SECTION 809, Disclosure in certain applications.

1. Every application, petition or request submitted for a variance, amendment, change of zoning, approval of plat, exemption of plat or official map, license or permit, pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality or a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant,
2. For the purpose of this section an officer or employee shall be deemed to have an interest in the applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them
 - a) is the applicant, or
 - b) is an officer, director, partner or employee of the applicant, or
 - c) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
 - d) is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for service rendered, dependent or contingent upon the favorable approval of such application, petition or request.
3. In the County of Nassau the provisions of subdivisions one and two of this section shall also apply to a party officer. "Party officer" shall mean any person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision four of section two of the election law.
4. Ownership of less than five per cent of the Stock of a corporation whose stock is listed on the New York American Stock Exchanges shall not constitute an interest for the purposes of this section.
5. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

* Please see second page.

Supervisor 689-6607	Town Clerk/Receiver 689-9031	Assessor 689-7405	Justice Court 689-7380	H'way Dept. 689-3351	Codes Office 689-6667	Rec. 689-6217
------------------------	---------------------------------	----------------------	---------------------------	-------------------------	--------------------------	------------------

STATE OF NEW YORK
COUNTY OF ONONDAGA

_____ being duly sworn, deposes and says:

I have reviewed §809 of the General Municipal law, a copy of which has been furnished to me by the Elbridge Town Clerk, and am familiar with the provisions contained herein

No state officer, or any officer or employee of the County of Onondaga of Town of Elbridge has any interest in the person, partnership or association making the application to which this affidavit is attached.

Signature

Sworn to before me this ____ day of _____, _____.

Notary Public

AGRICULTURAL DATA STATEMENT

(pursuant to NY Ag & Mkt Law 305-a; N.Y. Town Law & 283-1; N.Y. Village Law § 7-739 and N.Y. Gen. Mun. Law 239-m)

Applicant	Owner (if different from applicant)
Name: Address:	Name: Address:

1. Type of application: Special Use Permit _____; Site Plan Approval _____
Area Variance _____; Use Variance _____; Subdivison Approval _____
2. Description of propsed project:
3. Location of proposed project:
Address: _____
Tax Map No.: _____
4. List all farm operations which are both: (i) located within 500 feet of the boundary of the property upon which the project is proposed, and (ii) located in an agricultural district:

(1) Tax Map No. Property Address: Name: Owner Address:	(2) Tax Map No. Property Address: Name: Owner Address:
---	---

(3) Tax Map No.

Property Address:

Name:

Owner Address:

(4) Tax Map No.

Property Address:

Name:

Owner Address:

(5) Tax Map No.

Property Address:

Name:

Owner Address:

(6) Tax Map No.

Property Address:

Name:

Owner Address:

5. Attach a tax map or other map showing the site of the proposed project relative to the location of the farm operation identified above.

PARCEL MERGE REQUEST FORM

Township of Elbridge
 County of Onondaga
 State of New York
 ASSESSOR'S OFFICE
 PO Box 568 · Jordan, NY 13080-0568
 315/689-7405

Dear Property Owner(s):

Date Rec'vd: _____

If you should own more than one parcel within the Town of Elbridge and they share a property line you may be able to merge them together into one parcel, as long as **ALL** of the criteria's are met. **All request are reflected with a March 1st deadline for the next assessment roll year.** The criteria to be met are as follows:

1. The parcels must be owned by the same person(s)/company on **ALL** deeds, (Except Husband and wife own parcel A and parcel B, this would qualify; Husband and wife own parcel A, but parcel B is only in the husband's name, this would not qualify.)
2. The parcels must be contiguous, with only one having residential living/business building, and they should have a common use.
3. The parcels must be on the same side of the road, and should be in the same section and block, dependent upon the review.

If the Town does not have copies of your deeds we will request them and you will need to furnish the deeds of the ownership of all parcel to be merged. **ALL** signature(s) of property owner(s) or Business/Corporate Officials, with Title, are required (use backside of form for additional space). Please be sure to fill out the tax map number and the parcels Deed Book and Page information for each parcel in the section below.

Please return original completed request form to the Town of Elbridge Assessor's Office.

PLEASE PRINT CLEARLY

Tax Map #	Deed Book/Page	Property Owner/Business of Record & Mailing Address
		Daytime Phone:

 Signature (Business owned with Title)

 Date

 Signature (Business owned with Title)

 Date

 Signature (Business owned with Title)

 Date

Supervisor 689-6607	Town Clerk/Receiver 689-9031	Assessor 689-7405	Justice Court 689-7380	H'way Dept. 689-3351	Codes Office 689-6667	Rec. 689-6217
------------------------	---------------------------------	----------------------	---------------------------	-------------------------	--------------------------	------------------

Office Use Only (Below line and Shaded Areas)

Comments: _____

Approved _____ Disapproved _____ (Town _____) Date: _____
Approved _____ Disapproved _____ (County _____) Date: _____

This process is suggested **only** if you do not intend to sell off one of the parcels at any time in the near future. Once parcels are merged together it is considered one tax parcel. If you later chose to sell off any portion you merged, you may have to file a petition with either the Town of Elbridge or Village Planning Board (dependent on where the parcel is located), and pay all required fees. All requests for merged parcels must be reviewed and approved by the Town of Elbridge Assessor's office and the Onondaga Division of Tax Mapping. Merging parcels could result in a higher/lower change in the assessed value. If you have any further questions with regard to merging parcels please contact the Assessor's office at the number listed above.

Supervisor Town Clerk/Receiver Assessor Justice Court H'way Dept. Codes Office Rec.
689-6607 689-9031 689-7405 689-7380 689-3351 689-6667 689-6217