

TOWN OF CAMILLUS

APPLICATION FOR LOT LINE REALIGNMENT PLAN REVIEW

Tax Parcel #: _____

Zoning Classification: _____

Prior Subdivision Action: _____

1. Name & address of Owner: _____

2. Name & address of Applicant: _____

3. Number of lots proposed: _____

4. State source of utility services: _____

5. Reason for subdivision request: _____

DATE: _____ APPLICANT _____

PROCEDURE:

1. File **ten (10) copies** of application and all submittals as required in section 39.50 and section 39.27 of the Subdivision Regulations with the Planning Board clerk. If the plats are available in .PDF format, please email them to the clerk or submit a CD-ROM in addition to the hard copies.
2. Fee is \$75.00 – payable to Camillus Planning Board
3. The Planning Board clerk will advise you of a date to appear before the Planning Board.