**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:

Deliver to the Planning Board Clerk:

- One original AND one digital file of the application and all required additional documents and materials.
- Fee (as determined by current Town of Camillus fee schedule)

You will be notified by the Planning Board Clerk of the acceptance of this application and the date you are to appear before the Planning Board. If you have any questions, contact the Planning Board Clerk at planningboard@townofcamillus.com .