



VILLAGE OF TIVOLI

HISTORIC WATTS DEPEYSTER HALL ~ TIVOLI, NY 12583

• **Planning Board**

Office: 845.757.2021 ~ Fax: 845.757.5416
Email: villagehall@tivolinyny.org ~ Web: www.tivolinyny.org

Date Rec'd _____
Application # _____
App Fees Pd _____

Application for Lot Line Alteration

Please Type or Print

1 Name of Applicant/ Seller or donor of land _____
 Mailing Address _____
 E-mail Address _____

2 Name of receiver of land _____
 Mailing Address _____
 Email _____ Daytime Phone _____
 (if the owner is not the applicant, an owner consent form is required)

3 Owner of Property, if not applicant _____
 Mailing Address _____
 Email _____ Phone _____

4 Person or Firm representing applicant _____
 (architect, engineer, attorney, etc)
 Mailing Address _____
 Email _____ Phone _____
 Principal Contact (for scheduling, etc) _____

5 Professional Engineer or Land Surveyor's information (if not provided in #5 above)
 Name _____ License No. _____
 Mailing Address _____
 Email _____ Phone _____

6 Location of Property
 Tax Map Parcel No. _____
 This Property is in the _____ Zoning District
 Acreage of each parcel currently _____
 Acreage of each property after alteration _____
 Easements, Liens or other Restrictions on the Property _____
 Is the Property, In or Within 500 feet of the Certified Agricultural District _____



VILLAGE OF TIVOLI

HISTORIC WATTS DEPEYSTER HALL ~ RED HOOK, NY 12571

- **Planning Board**

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Application for Lot Line Alteration

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7 Brief Description of the Proposed lot line alteration

8 The Owner/Applicant has an interest in abutting property as stated below or on attached sheet (if none, so state) _____

9 Does Applicant intend to request from the Board any waivers of the requirements of the Land Subdivision Regulations upon the submission of the Final Plat for approval? (If any waivers of these requirements are to be requested, list them and give reasons why such requirements should be waived.)

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Village of Tivoli Ordinances and State Laws regarding subdivision.

I hereby authorize the Village of Tivoli Planning Board and / or Village of Tivoli Officials to enter and inspect this property at any reasonable hour of the day, including Saturday and Sunday.

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____
(If not applicant)