



*All requested information shall be provided and must be filled out in black ink or typed for photocopying purposes.*

**TOWN OF ROTTERDAM  
WAIVER OF SUBDIVISION APPLICATION**

**\$75.00 Application Fee.**

If the waiver is approved, the applicant(s) will be permitted to file a Boundary Line Adjustment Subdivision with the Schenectady County Clerk's Office. A Boundary Line Adjustment Subdivision must be prepared by a licensed NYS Land Surveyor for filing with the Schenectady County Clerk's Office prior to the Planning Board Chairman's Signature.

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**Legal Owner's Name (Parcel #1)** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

**Legal Owner's Name (Parcel #2)** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

**Project/Proposal Site Area:**

Current Parcel #1(Acres or s.f.) \_\_\_\_\_ Proposed Parcel #1(Acres or s.f.) \_\_\_\_\_  
Street Address of Parcel #1: \_\_\_\_\_  
Assessor Tax Parcel No. Parcel #1: \_\_\_\_\_

Current Parcel #2(Acres or s.f.) \_\_\_\_\_ Proposed Parcel #2(Acres or s.f.) \_\_\_\_\_  
Street Address of Parcel #2: \_\_\_\_\_  
Assessor Tax Parcel No. Parcel #2: \_\_\_\_\_

Describe Existing Use(s) on Parcel #1 and Parcel #2: (buildings, well, sewer drainfield, etc.) \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

By signing the application, it is understood by the applicant that he/she must fully comply with the Town Code and obtain any required permits.

**SIGNATURE OF APPLICANT PARCEL #1** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF APPLICANT PARCEL #2** \_\_\_\_\_ **DATE** \_\_\_\_\_