

## City of Beacon Building Department 1 Municipal Plaza, Suite 4 Beacon, NY 12508

Tel: 845-838-5020 Fax: 845-838-5026

Building@cityofbeacon.org

Appro	ved:	20			
	Building Inspector				
<u>A</u> F	PPLICATION 1	FOR LOT LIN	E ADJUSTMENT PERMITS		
Cha		• •	Addresses Lot Line Adjustments. Please review this g out this application form.		
1.	This application must be completely filled in and submitted to the Building Inspector.				
2.	Attach Plot Plan/Survey showing the existing lot line as well as the proposed new lot line.				
An ex	xplanation of the intend	led adjustment and the	reason(s) therefore:		
OWN	NER INFORMATION	LOT 1			
Owne	er Name:				
Addre	ess:				
City:_		State:	Zip Code:		
Phone	e Number:				
Email	Address:				
Prope	erty Address:		Grid #:		
Own	er Signature		Date:		

See reverse side

## **OWNER INFORMATION LOT 2**

Owner Name:		
Address:		
	Zip Code:	
Phone Number:		
Alternate Phone Number:		
Email Address:		
Property Address:		
Owner Signature	Date:	

**Permit Fee: \$75.00** 

**Please return all completed applications:**Building Department, One Municipal Plaza, Beacon, NY 12590