



**City of Beacon**  
**Building Department**  
**1 Municipal Plaza, Suite 4**  
**Beacon, NY 12508**  
**Tel: 845-838-5020 Fax: 845-838-5026**

[Building@beaconny.gov](mailto:Building@beaconny.gov)

Approved: \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Building Inspector

## **APPLICATION FOR LOT LINE ADJUSTMENT PERMITS**

*Chapter 195-3.1 of the City Code of the City of Beacon Addresses Lot Line Adjustments. Please review this chapter of the code before filling 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 explanation of the intended adjustment and the reason(s) therefore: \_\_\_\_\_

### ***OWNER INFORMATION LOT 1***

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_ Grid #: \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

***See reverse side***

***OWNER INFORMATION LOT 2***

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_ Grid #: \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Permit Fee: \$75.00**

**Please return all completed applications:**

Building Department, One Municipal Plaza, Beacon, NY 12590