



4052 Route 42, Monticello, NY 12701 | Phone: (845) 794-2500 | E-mail: Planning@townofthompson.com

Lot Combination Application

Property Owner(s) Name: _____

Mailing Address: _____ Telephone Number(s): _____

_____ Fax Number(s): _____

_____ E-Mail Address: _____

Parcel Number(s) Section - Block - Lot

_____ - _____ - _____
 _____ - _____ - _____
 _____ - _____ - _____

Provide brief description of the proposed lot combination:

***PLEASE ATTACH A COPY OF A SURVEY, PLAT, OR SITE PLAN SHOWING NEW LOT CONFIGURATION.**

Lot Improvements – A: *“Lot improvements, wherein an existing parcel or parcels of land are combined with a contiguous lot for the purpose of increasing the size of the existing lot, said application shall be exempt from the provisions of these regulations, provided that:”*

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Are these lots part of a previously filed subdivision? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Are any partial portions of lots to be combined? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Do any parcels have different owners of record? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Does the parcel have any open code violations or tax arrears? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Are in different districts (ie: school, water, sanity sewer)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Are any new lots created by the combination? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. All combined lots must either be lien-free or the lien must be spread over the combined lots. Please indicate which is attached herewith: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please be advised that if any of the above listed items are answered YES, the lot combination does not meet all procedural requirements, and will be referred to the Town of Thompson Planning Board for review.

- | | | | | |
|-----------------------|-----|--------------------------|----|--------------------------|
| Title Search | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Affidavit of No Liens | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| “Spreader Agreement” | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Signature of Applicant: _____

Date: _____

This institution is an equal opportunity provider and employer.

OFFICE USE ONLY

BUILDING DEPARTMENT APPROVAL:

Yes No N/A

Comments: _____

Signature: _____ Date: _____

HIGHWAY DEPARTMENT APPROVAL:

Yes No N/A

Comments: _____

Signature: _____ Date: _____

WATER & SEWER DEPARTMENT APPROVAL:

Yes No N/A

Comments: _____

Signature: _____ Date: _____

PLANNING & ZONING DEPARTMENT APPROVAL:

Yes No N/A

Comments: _____

Signature: _____ Date: _____

TOWN ASSESOR APPROVAL:

Comments: _____

APPROVED

DENIED

Signature: _____ Date: _____

FEES: _____ Application fee for administrative review due at time of application being filed.

Paid: _____ Date: _____