

PROPERTY SPLIT W/MERGE APPLICATION

Application Fee \$100

TOWN OF EDEN BUILDING DEPARTMENT
2795 EAST CHURCH STREET
EDEN, NY 14057

TEL: 716-992-3408
FAX: 716-992-4131
EMAIL: building@edenny.gov



BUYER AND SELLER MUST COMPLETE

APPLICANT INFORMATION:

(Owner that is splitting the property.)

Name: _____

Address: _____

Telephone: _____

Email: _____

EXISTING PROPERTY INFORMATION:

(Lot that the property is being removed from.)

Location (Street Address) _____

SBL (Tax I.D.) _____

Zoning District (Taken from Zoning Map) _____

Total existing property frontage _____

Total existing property area (In acres or sq ft.) _____

MERGE INFORMATION:

(Lot that the property is being added to.)

Name of property owner accepting merge: _____

Location (Street Address) _____

SBL (Tax I.D.) _____

Total property area to be merged (In acres or sq ft.) _____

Total property frontage to be merged _____

Telephone _____

PROPERTY SPLIT INFORMATION

Total remaining property **after** split (In acres or sq ft.) _____

Total remaining frontage remaining **after** split _____

SUBMITTALS REQUIRED:

1. A survey map, prepared by a licensed land surveyor, showing the existing lot of record, the proposed split and proposed merger. Each survey map must show the shape, dimensions, radii, angles, and area of all existing and proposed lots, as well as the dimensions to any and all buildings or structures that presently exist. (2 copies of each are required)
2. A deed describing the lot of record. (1 copy required)
3. Documentation indicating intent to merge or deed indicating merger has taken place.
4. A \$100.00 application fee, payable to the "Eden Town Clerk", to be submitted to the Town Clerk with completed application and submittals.

Fee paid _____ Date paid _____

Received by _____ Cash _____ CC _____ Check# _____

[] APPROVED: _____ DATE _____
(Code Enforcement Officer or Town Engineer)

[] APPROVED as noted: _____ DATE _____

NOTE: _____

[] NOT APPROVED _____ DATE _____

REASON: _____
