



**TOWN OF CHARLOTTE
DEVELOPMENT REVIEW BOARD**

**P.O. Box 119, Charlotte, VT 05445
Phone: 802-425-3533 Fax: 802-425-4241**

**APPLICATION FOR
BOUNDARY ADJUSTMENT SKETCH FINAL**

*Applicant must return complete application and all supporting documents to the Planning & Zoning office prior to being scheduled for a public hearing.

Office Use Only

Date Received: _____ Application #: _____
Date Warning Mailed: _____ Date of Hearing: _____
Date Warning Published: _____ Date Hearing Closed: _____
45 Day Deadline: _____ Date Approved: _____

OWNER OF RECORD – Parcel #1

Name _____
Address _____
Email _____
Phone _____

OWNER OF RECORD Parcel #2

Name _____
Address _____
Email _____
Phone _____

Signature of owner

Signature of owner

LOCATION OF BOUNDARY ADJUSTMENT:

PART OF PRIOR SUBDIVISION? Yes ___ No ___

If Yes: Date: _____ Application # _____
Owner(s): _____

BOUNDARY ADJUSTMENT Parcel #1:

Original Acreage: _____
Proposed Acreage: _____
Parcel ID#: _____

BOUNDARY ADJUSTMENT Parcel #2:

Original Acreage: _____
Proposed Acreage: _____
Parcel ID#: _____

Signature of applicant

TO BE INCLUDED WITH APPLICATION:

- Survey showing existing and proposed property lines and existing and proposed acreages
- If applicant is agent for owner, written authorization signed by owner

REASON FOR BOUNDARY ADJUSTMENT:

