

Zoning Department
Ph: (802) 824 - 3716
Fax: (802) 824- 3716
landgroveza@gmail.com

TOWN OF LANDGROVE, VERMONT
Boundary Line Adjustment Application
See Fee Schedule
(Applicant is responsible for legal notice fees)

Town Offices
88 Landgrove Road
Landgrove, VT 05148
Hours: Thurs 9am-1pm

BOUNDARY ADJ.

As per Section 350 of the Landgrove Zoning Bylaws, residents of the town may solicit a Boundary Line Adjustment for the minor alteration of boundary lines "between contiguous lots without creating additional lots and without creating nonconformities in the resultant lots". The Landgrove Zoning Bylaws contain definitions for "Boundary Line Adjustment," "Development," "Lot," and "Subdivision," and applicants are advised to carefully review these definitions in addition to the applicable sections of the Landgrove Zoning Bylaws before completing this application. The Administrative Officer may grant a Boundary Line Adjustment permit following review of application materials listed in Section 353 of the Town Bylaws.

The applicant must supply the Administrative Officer with evidence that the Boundary Line Adjustment will not violate conditions identified in Section 352 of the Town Bylaws, which include the following conditions: a) the adjustment will not create any additional lot(s); b) no nonconformities are generated within the resultant lots; (c) adjustment will not alter access or right-of-way to any lot; and (d) there will be no effect on existing or projected water supply or wastewater disposal systems. At the discretion of the Administrative Officer, review by the Landgrove Planning Commission may be requested.

The undersigned hereby request a Boundary Line Adjustment, to be issued on the basis of representations contained herein, knowing that the Boundary Line Adjustment will be void in the event of a misrepresentation:

1. PROPERTY IDENTIFICATION/ TAX MAP NUMBER (Include Map #, Block #, and Lot #):

LOT A _____ LOT B _____ LOT C _____

2. PHYSICAL LOCATION OF PROPERTIES (STREET ADDRESS):

LOT A _____ LOT B _____ LOT C _____

3. EXISTING SIZE OF PROPERTIES (ACRES):

LOT A _____ LOT B _____ LOT C _____

4. LANDOWNERS' NAMES AND SIGNATURES (attach additional sheets if necessary):

LOT A _____
Signature *Print name* *Date*

Mailing Address: _____

Telephone Numbers: (Home) _____ (Work) _____

(Mobile) _____ (Email) _____

LOT B _____
Signature *Print name* *Date*

Mailing Address: _____

Telephone Numbers: (Home) _____ (Work) _____

(Mobile) _____ (Email) _____

LOT C _____
Signature *Print name* *Date*

Mailing Address: _____

Telephone Numbers: (Home) _____ (Work) _____

(Mobile) _____ (Email) _____

By My (Our) signature(s) on this application I (We) swear under the pains and penalties of perjury that the statements contained in this application are true to the best of My (Our) knowledge and belief.

5. TOTAL AMOUNT OF LAND TRANSFERRED (ACRES): _____
6. TOTAL AREA OF EACH PROPERTY WILL NOW BE (ACRES):
 LOT A _____ LOT B _____ LOT C _____
7. ZONING DISTRICT(S) IN WHICH THE PROPERTIES ARE LOCATED:
 LOT A _____ LOT B _____ LOT C _____
8. IS THERE A MYLAR COPY OF A SURVEY ON ANY AFFECTED PROPERTY FILED WITH THE TOWN CLERKS OFFICE?
 (Respond Yes/No for each Property)
 LOT A _____ LOT B _____ LOT C _____
9. SUBMIT WITH THIS FORM A SITE PLAT OF THE AFFECTED LOTS SHOWING ALL COMPONENTS OUTLINED IN SECTION 353 OF THE LANDGRVOE ZONING BYLAWS.
10. SUBMIT WITH THIS FORM COPIES OF ALL REQUIRED STATE AND LOCAL PERMITS*
11. SUBMIT WITH THIS FORM DRAFT DEEDS OR DRAFT BOUNDARY LINE AGREEMENTS TO DEFINE THE REVISED LOTS.

*Contact a State of Vermont Permit Specialist at 802-282-6488 or visit <http://dec.vermont.gov/environmental-assistance/permits/specialists> to determine if additional permits will apply to your Boundary Line Adjustment.

This application is not considered complete until all items have been received and completed the satisfaction of the Admin. Officer.

ADMINISTRATIVE OFFICER USE ONLY

Zoning District(s): _____ COMPLETE Application Received: _____ (date)
 Application Fee Recorded: _____ (date) Check # _____

Referred to Planning Commission: _____ (date) Meeting Date: _____

Reason for Referral: _____

APPLICATION: APPROVED or DENIED on _____ (date) Notice of Decision Mailed: _____ (date)

Boundary Line Adjustment Permit # _____
 or
 Reason for Denial: _____

Administrative Officer Name: _____ Signature: _____