

**TOWN OF FERRISBURGH
PLANNING COMMISSION
BOUNDARY ADJUSTMENT APPLICATION**

Application Number _____

Application Fee _____ **Date paid** _____

Parcel 1 Tax Map ID # _____
Name and Address of Parcel 1 Owner

Parcel 2 Tax Map ID # _____
Name and Address of Parcel 2 Owner

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Zoning District(s) _____ Original size of Parcel 1: _____ acres. Proposed size of Parcel 1 _____ acres
Original size of Parcel 2: _____ acres Proposed size of Parcel 2 _____ acres

Deed Reference: Book _____ Page _____

Location/Address of Proposed Adjustment: _____

Reason for Boundary Adjustment: _____

Are there any Subdivision, Site Plan, Conditional Use, Act 250 or other permits or approvals that apply to either of these properties? Yes or No.

If yes- include permit numbers (attach additional sheet if necessary) _____

If this is part of a Subdivision the Request must be for an Amendment to a Subdivision, not a Boundary Adjustment

A Complete Application shall include all relevant documentation, and a Map, based on the Tax parcel map, showing:

1. The Lots affected by the adjustment with location and length of all lot lines.
2. Names of owners of lots affected and adjacent parcel owners.
3. Location of existing and proposed boundaries.
4. Location of any existing or proposed buildings, wells, springs, septic systems on any affected parcel.
5. All Easements, Rights of Way, Covenants or deed restrictions.

If one of the two applicants cannot attend the Planning Commission hearing that applicant must submit a letter approving the boundary adjustment proposed.

SIGNATURE of Owner of Parcel 1 _____ Date _____

SIGNATURE of Owner of Parcel 2 _____ Date _____

Official Use:

DATE APPLICATION RECEIVED: _____

IS APPLICATION COMPLETE? _____

DATE OF HEARING: _____

This Checklist is incorporated by reference and part of the Ferrisburgh Land Use Regulations.