

BOUNDARY ADJUSTMENT PERMIT APPLICATION

PERMIT # _____

Town of Stratton - 9 West Jamaica Road, Stratton, VT 05360 - (802) 896-6184

After obtaining approval of the Stratton Planning Commission for a boundary line adjustment and after obtaining any State Permit(s) required, please fill in all requested information and submit to the Zoning Administrator for Administrative Review along with a check in the amount of \$50.00 payable to the Town of Stratton and a check in the amount of \$10.00 per page for recording this Application and the attachment(s) hereto.

Applicant (A)	Telephone #	_____
Mailing Address	Tax Map Parcel ID#	_____
	Email Address	_____

Other Landowner (B)	Telephone #	_____
Mailing Address	Tax Map Parcel ID#	_____
	Email Address	_____

1. Please provide a brief description of the boundary adjustment including location of the property, changes in acreage of land and other dimensions, number of parcels to be transferred and a reference to and attach a copy of the Stamped Approved State of Vermont plan showing the boundary adjustment:

2. Applicant appeared before the Stratton Planning Commission at a meeting held on _____ wherein it was properly voted and determined that a boundary line adjustment was appropriate in the given matter and that the application for the same could be approved by the Zoning Administrator as an Administrative Review upon receipt of a complete Boundary Adjustment Permit Application including reference therein to the recorded State of Vermont permit(s) required for the boundary line adjustment.

3. Applicant obtained State of Vermont Permit(s) number _____ recognizing the boundary line adjustment and has recorded the same in the Stratton Land Records at Book _____, Page _____.

4. Approval of this boundary line adjustment does not constitute the creation of a separate parcel of land. It simply adjusts the physical location of the boundary of the adjoining parcels. Any future subdivision and/or development of the parcels must be approved by the Town of Stratton Planning Commission and the State of Vermont.

5. This Application and any attachment(s) hereto must be filed in five complete copies. Incomplete applications will not be acted upon and will be returned to the Applicant. The Applicant is responsible for obtaining all permit(s) prior to development (see Zoning Administrator, Health Officer, Town Clerk and Vermont State Permit Specialist for more information).

I swear under pains and penalties of perjury that all information submitted with this application is true to the best of my knowledge and belief.

Applicants' or authorized Agent's signature: _____ Date _____

Other Landowner's signature(s): _____ Date _____

Date received

Date Approved/Incomplete (circle one)

Zoning Administrator