

TOWN OF STRATTON

Parcel #(s) _____

Application for a Boundary Line Adjustment

Permit # _____

Please review The Town of Stratton Subdivision Regulations. Fill in all requested information and submit to the Stratton Zoning Administrator for review, along with a check payable to the Town of Stratton in the amount of \$50.00 (per lot line adjustment) plus \$10.00 per page (recording fee) hereto.

Applicant (A) _____
Mailing Address _____

Telephone # _____
Tax Map Parcel ID# _____
Email Address _____

Applicant (B) _____
Mailing Address _____

Telephone # _____
Tax Map Parcel ID# _____
Email Address _____

- 1. Please provide a brief description of the boundary line adjustment, including the location of the property, proposed changes in acreage to each lot, as well as other zoning criteria (e.g. road-frontages and setbacks to existing structures):

- 2. 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.

- 3. 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(s): _____ Date _____

_____ Date _____

_____ Date _____

Date received

Date Approved/Denied (circle one)

Zoning Administrator

(If denied, a separate report with reasons for denial and the appeal process shall be attached)