



TOWN OF MIDDLEBURG
 10 West Marshall Street, PO Box 187
 Middleburg, Virginia 20118-0187
 540-687-5152 FAX 540-687-3804

| |
|-------------------------|
| Application # BLA _____ |
| or VAC _____ |

APPLICATION
Vacation or Adjustment
of Boundary Lines or Plat

Type Application: Vacation or Adjustment of Boundary Lines (BLA) Vacation of Plat (VAC)

Applicant Name: _____ Phone #: _____

Mailing Address: _____ email: _____

The attached plat and/or deed describe the vacation of a plat or the relocation, alteration, adjustment or vacation of boundary lines of the following affected properties (Owner Name and Mailing address as appear in the land records):

Affected Property Address: _____ Parcel #: _____
 Subdivision Name: _____ Lot #: _____ Zoning District: _____
 Owner Name: _____ Phone #: _____
 Mailing Address: _____ email: _____

Affected Property Address: _____ Parcel #: _____
 Subdivision Name: _____ Lot #: _____ Zoning District: _____
 Owner Name: _____ Phone #: _____
 Mailing Address: _____ email: _____

continuation sheet attached (if additional properties involved)

The attached materials certify that all affected owners have acknowledged their agreement to file and execute this application. If this is a boundary line adjustment, I also certify that this application does not involve the relocation or alteration of streets, alleys, easements for public passage or utilities, or other public areas, and that no easements or utility rights-of-way will be relocated or altered without the express consent of all persons holding an interest therein. I acknowledge responsibility for all applicable fees per the Town's adopted fee schedule, which may include a base fee due at the time of application and additional review fees to be billed later.

Applicant Signature: _____ Printed Name: _____

| OFFICE USE ONLY | | | |
|--|-------------------|------------------|----------------------|
| Date Filed: _____ | Fee amount: _____ | Date Paid: _____ | Application #: _____ |
| Approved: _____ | Date: _____ | Recorded: _____ | |
| Zoning Administrator | | | |
| THIS APPROVAL EXPIRES 6 MONTHS FROM THE APPROVAL DATE IF THE PLAT AND DEED ARE NOT PROPERLY RECORDED AMONG THE LOUDOUN COUNTY LAND RECORDS. | | | |

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|-------------------------|
| Application # BLA _____ |
| or VAC _____ |

Vacation or Adjustment of Boundary Lines or Plat Continuation Sheet

Additional Properties:

Affected Property Address: _____ Parcel #: _____

Subdivision Name: _____ Lot #: _____ Zoning District: _____

Owner Name: _____ Phone #: _____

Mailing Address: _____ email: _____

Affected Property Address: _____ Parcel #: _____

Subdivision Name: _____ Lot #: _____ Zoning District: _____

Owner Name: _____ Phone #: _____

Mailing Address: _____ email: _____

Affected Property Address: _____ Parcel #: _____

Subdivision Name: _____ Lot #: _____ Zoning District: _____

Owner Name: _____ Phone #: _____

Mailing Address: _____ email: _____

Affected Property Address: _____ Parcel #: _____

Subdivision Name: _____ Lot #: _____ Zoning District: _____

Owner Name: _____ Phone #: _____

Mailing Address: _____ email: _____
