

BOUNDARY ADJUSTMENT APPLICATION

The planning staff is available to discuss this application and answer questions. The Planning Administrator shall review the completed application and may approve or disapprove it.

To expedite the review of your application, please be sure to address each of the following items.

SECTION I: PERSONAL AND PROPERTY RELATED DATA

Owner:		
Applicant:	E-mail:	
Phone: ()	Mailing Address:	
City:	State:Zip Code:	
Location and Zoning Dist	rict:	
Property Address:		
Parcel Numbers:		
	nship:Range: Total Acreage:	
Zoning District:	Proposed Lot Sizes: Parcel one Parcel two _	
	orded deeds to the property Affidavit of Legal Interest Application Fee	
	nd that the items listed below are required for my application to be consing the agenda for the Planning and Zoning Commission public meeting.	idered complete
Applicant Signatur	re:Date:	
1	owner of the referenced property and do hereby give my permission to o be my agent and represent me in the matters of this application. I have ing the application and property and find it to be correct.	e read the
Owner Signature:	Date	

Fees are non-refundable.

SECTION II: ITEMS REQUIRED

- 1. Narrative of the purpose of the Boundary Adjustment
- **2.** Plat of Survey labeled "Boundary Adjustment":
 - Drawn to scale
 - Legal description
 - Stamped and signed by a licensed land surveyor
 - Date of survey
 - Adequate access easements for each parcel
 - Each parcel labeled with acreage shown

SECTION III: STAFF SUMMARY ANALYSIS, REASONING AND FACT FINDING

SECTION IV: PLANNING ADMINISTRATOR/DESIGNEE REVIEW/ACTION

	Application is approved	Application is disapproved	
Planning Administra	tor/Designee Signature:	Date:	