



# APPLICATION FOR BOUNDARY LINE ADJUSTMENT

## TOWN OF WOLCOTT

PO Box 100, Wolcott, VT 05680

[zoning@wolcottvt.org](mailto:zoning@wolcottvt.org)

PERMIT # \_\_\_\_\_ Application Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ Recording Fee \_\_\_\_\_

### Parcels location information

911# \_\_\_\_\_ Physical Location \_\_\_\_\_ Deed: Book \_\_\_\_\_ Page \_\_\_\_\_

911# \_\_\_\_\_ Physical Location \_\_\_\_\_ Deed: Book \_\_\_\_\_ Page \_\_\_\_\_

### Permit applicant information

Name \_\_\_\_\_ Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone or Cell# \_\_\_\_\_

Email \_\_\_\_\_

### Parcel Owners Information (if different from applicant)

Name \_\_\_\_\_ Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone or Cell# \_\_\_\_\_

Email \_\_\_\_\_

**Boundary Line Adjustments shall not create any new lots.**

Project Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We pledge that the information provided is true and accurate to the best of my/our knowledge. I/we also understand that in the event of misrepresentation or failure to file a survey Plat within 30 days of approval this application shall be null and void.

**Landowners**

**Applicant**

### FOR TOWN USE ONLY

Permit # \_\_\_\_\_ Parcel ID # \_\_\_\_\_ TO Parcel ID # \_\_\_\_\_ Zoning District \_\_\_\_\_

Acres in Parcel \_\_\_\_\_ Acres to be adjusted \_\_\_\_\_ Previous Subdivision \_\_\_\_\_

Survey on file \_\_\_\_\_ Date Survey Submitted & Recorded \_\_\_\_\_ Deed Recorded \_\_\_\_\_

Approved/Denied Reasons \_\_\_\_\_

Other Information \_\_\_\_\_

\_\_\_\_\_