

DATE:	PERMIT NUMBER: BLA	

BOUNDARY LINE ADJUSTMENT APPLICATION

The undersigned owners/applicants hereby make application to undertake land development as defined in the Town of Georgia Development Regulations. The owners/applicants hereby swear and affirm that all of the information and representations made are true and accurate. Permit is issued based on accuracy of information provided; if false or inaccurate, permit may be revoked.

Pursuant to 24 VSA Chapter 117, Section 4463, "Before any plat is approved, a public hearing on the plat shall be held by the appropriate municipal panel after public notice." Plat will be heard by the Development Review Board (DRB) prior to recording of BLA plat.

Submission requirements: An application for Boundary Line Adjustment will consist of one full to scale paper survey, two 11"x17" copies, and supporting data which will include those items listed on this application form and the attached sheet. The application will not be deemed complete until all the applicable materials have been submitted. Failure to submit a complete application as defined shall be grounds for denial of the application by the Zoning Administrator.

Owner(s) of Parcel #1:	Owner(s) of Parcel #2:
Telephone:	Telephone:
Location of Property #1:	
Parcel ID No.:	
Zoning District:	
Deed Reference: Volume Page	_
Size of parcel prior to adjustment:	acres
Size of parcel after adjustment:	acres
Frontage of parcel prior to adjustment: _	
Frontage of parcel after adjustment:	

47 Town Common Road North. • St. Albans, VT 05478

Location of Property #2:				
Parcel ID No.:				
Zoning District:				
Deed Reference: Volume _	Page			
Size of parcel prior to adj	ustment:	acres		
Size of parcel after adjust				
Frontage of parcel prior to				
Frontage of parcel after a				
Previous subdivision of pa				
Permittee name: Date:	Map #			
Previous Site Plan Approv Permittee name:				
Date:	Map #_			
List of plans, sketches, or				
Description of proposed p	roject:			
Existing and/or proposed	means of access	to each lot: _		
Existing and/or proposed	easements and r	ights-of-way	for each lot:	
Location of existing infrasetc.) for each lot:				nt waste water disposal,

List of abutting properties to the two parcels and stamped envelopes addressed to the listed abutters. Please leave the return address area blank as it will be stamped with the Town Office address in the event of a returned notice.

State permits required and/or obtained for this project (Applicants are responsible for obtaining all necessary State permits. Applicants should contact the Permit Specialist at the District 6 office of the Department of Environmental Conservation at 802-879-5676 to determine if a Wastewater and Potable Water Supply Permit is required in accordance with 10 VSA Chapter 64 and the Wastewater System and Potable Water Supply Rules. If, according to the DEC, a Wastewater System and Potable Water Supply Permit is NOT required, applicants shall provide written proof from the DEC of such to the Zoning Administrator. If a Wastewater System and Potable Water Supply permit IS required, applicants shall provide a copy of same):

The undersigned hereby certify and affirm that the information submitted in this application is true, accurate and complete.				
	Date:			
	Owner(s) of Parcel #1			
	Date:			
	Owner(s) of Parcel #2			
Chair and re	on approval of this application, a Mylar of the survey must be signed by the DRB corded in the land records. Mylar must include those applicable items listed on the age and two signature blocks as follows:			
	TOWN OF GEORGIA, VT RECEIVED FOR RECORD			
	Received for record A.D. 20 At O'clock M and recorded on Slide # Map # Attest:			
	This Subdivision Plat has been approved by resolution of the Development Review Board of the Town of Georgia, VT This day of 20			
	Subject to the requirements and conditions of said resolution. DRB Application #			
	Signed this day of 20			

NOTE: Permit may be appealed within 15 days of issuance pursuant to 24 VSA Chapter 117, Section 4465. This permit expires one year from date of issuance if Mylar is not properly recorded.

By _____, DRB Chair

FOR TOWN USE ONLY

Date Received	Complete/Incomplete
Permit Number	Approved/Denied
Fee Paid	Permit Valid
Check #	Recording Fee Paid
Hearing Date	

Boundary Line Adjustment Review Checklist

This checklist is intended to be used as an aid in developing a complete application for a Boundary Line Adjustment Permit. An application for a Boundary Line Adjustment shall consist of one (1) full to scale paper survey, two (2) 11"x17" copies, and supporting data which will include the following information. The Zoning Administrator may require additional information as necessary to determine compliance with the regulations.

- 1. Address of the subject properties.
- 2. Name and address of the owners of record of the subject properties.
- 3. Name and address of the owners of record of adjoining lands.
- 4. Stamped and addressed envelopes for mailing of Notice of Public Hearing
 - a. Please leave return address section blank.
- 5. A survey created by a registered land surveyor, drawn to scale, showing structures, roads, easements, rights of way, deed restrictions, name and address of person or firm preparing the map, scale of map, north point, date of map/revisions, and legend, current lot lines (labeled as such), proposed lot lines (labeled as such), current acreage of each lot, proposed acreage of each lot, means of accessing each lot, existing sewage disposal area for each lot, and existing water source for each lot.
- 6. A site location map showing the location of the project in relation to nearby town/state highways and developed areas at scale of one-inch equals one thousand feet.

Decisions:

The Zoning Administrator shall act to approve or disapprove Boundary Line Adjustment applications for review by the DRB within thirty (30) days after receipt of a complete application. Failure to act within the 30-day period shall constitute deemed approval on the 31st day.