



BOUNDARY LINE ADJUSTMENT APPLICATION

Project File Number: ___ - _____ - BLA **Acceptance Date:** ___ / ___ / _____

Project Name: _____

Zoning: _____ **Zoning Overlay(s):** _____ **Comp Plan:** _____

Number of Lots: _____ **Total Acres:** _____ **Flood Hazard Area (circle):** Yes or No

Water Source: _____ **Sanitary System:** _____

CONTACT / OWNER INFORMATION

Primary Contact: _____

Relationship to application (*select one*): ___ Property Owner (Conveyor / Receiver) ___

Agent of Owner(s) ___ Contract Purchaser ___ Other (*specify*) _____

Address: _____

City: _____ State: ___ Zip Code: _____

Telephone Number(s): _____

E-mail Address: _____

Surveyor: _____

Address: _____

City: _____ State: ___ Zip Code: _____

Telephone Number(s): _____

E-mail Address: _____

Property Owner: _____

Ownership Interest (*check as applicable*): ___ Conveyor ___ Receiver

Address: _____

City: _____ State: ___ Zip Code: _____

Telephone Number(s): _____

E-mail Address: _____

Tax account numbers: _____

Property Owner: _____

Ownership Interest (*check as applicable*): ___ Conveyor ___ Receiver

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____

E-mail Address: _____

Tax account numbers: _____

Property Owner: _____

Ownership Interest (*check as applicable*): ___ Conveyor ___ Receiver

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____

E-mail Address: _____

Tax account numbers: _____

Property Owner: _____

Ownership Interest (*check as applicable*): ___ Conveyor ___ Receiver

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____

E-mail Address: _____

Tax account numbers: _____

Applicant/Authorized Agent Signature: _____ **Date:** _____