PERMIT NUMBER: BLA _____ - _____

TOWN OF GEORGIA

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.

Submission requirements: An application for Boundary Line Adjustment will consist of two full to scale paper surveys 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 of 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:

_____

_____

_____

_____

Telephone: _____

Owner(s) of Parcel #2:

_____

_____

_____

_____

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: _____

Location of Property #2: _____
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: _____

Previous subdivision of parcel(s) (if applicable):
Permittee name: _____
Date: _____ **Map #**_____

Previous Site Plan Approval(s) (if applicable):

Permittee name: _____

Date: _____ **Map #**_____

List of plans, sketches, or other information submitted with this application:

_____

_____

_____

Description of proposed project: _____

_____

_____

Existing and/or proposed means of access to each lot: _____

_____

Existing and/or proposed easements and rights-of-way for each lot: _____

_____

Location of existing infrastructure (i.e. wells, primary & replacement waste water disposal, etc.) for each lot: _____

_____

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

DECISION (For Town Use Only):

Zoning Fee Paid: _____ Date Received: _____ Check #: _____
Approved: _____ Denied: _____ Returned Incomplete: _____ Date: _____
Permit Valid: _____

Signed: _____, Zoning Administrator

NOTE: Upon approval of this application, a Mylar of the survey must be signed by the Zoning Administrator and recorded in the land records. Mylar must include those applicable items listed on the following page and two signature blocks as follows:

This Boundary Line Adjustment has been approved
by the Zoning Administrator pursuant to the
Town of Georgia Development Regulations
this _____ day of _____, 20____.

_____
Zoning Administrator, Town of Georgia

****

Town of Georgia, Vermont
Received for Record
_____, A.D. _____
at _____ o'clock _____ minutes ___ m.
and recorded in Map Slide _____

Attest: _____

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.

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 two full to scale paper surveys 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. 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.
5. 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 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.