

## BOUNDARY LINE ADJUSTMENT APPLICATION

ermit # _	
arcel ID:	

Please review the Richmond Zoning Regulations and provide all the information requested in this application. Additional local permits and approvals may also be require. For information contact the Zoning Administrative Officer at 434-2430. Other federal, state and local permits or approvals may additionally be required, it is the duty of the applicant to obtain all relevant and applicable approvals. To inquire about State permits contact the State Permit Specialist at 477-2241.

Application Date: Physical	l Address of Lot 1 & I	Lot 2:	
Property Owner 1 Name:		Property Owner 2 Name:	
Mailing Address:		Mailing Address:	<u> </u>
Phone:		Phone:	
Email:		Email:	
Size of Lot 1 Before / After (acres):	/	Size of Lot 2 Before / After (acres):	/
need to be a survey but must have accurate to All state permits must be approved prior to Boundary Adjustment Application Fee— \$1 Signatures: The undersigned hereby certifies	o submission of appli 100.00 plus applicabl	cation, please include a copy of all state e recording fees	
Property Owner 1 Signature	Date	Property Owner 2 Signature	Date
NOTE: Once a decision is made, this permit will as the right to appeal this permit decision with ant is responsible for posting the provided "Z" p apire180 days from the permit effective date, u of property are presented to the Zoning Admin deeds are	in 15-days of issuanc poster within view of Inless, within that 18 nistrative Officer for	e to the Richmond Development Review a public right-of-way. The approval for O day period, the final plat for the adjust	Board. Upon approval the app a boundary line adjustment sho ment and deeds for the transfe
— DO NOT WRITE BELOW THIS LINE—OFFICE USE ONL	Y—DO NOT WRITE BELOW	THIS LINE—OFFICE USE ONLY—DO NOT WRITE BELO	W THIS LINE—OFFICE USE ONLY —
Application Complete Date:	Decision: APPROV	'ED / DENIED / WITHDRAWN Zon	ing Fee:
Appeal Period End Date/ Permit Effective Dat	e:	Final Plat /Deed recorded date:	
Comments: Zoning Administrative Officer signature:			
			_Date:
TOWN CLERK'S OFFICE Received for Record:			_Date: