



APPLICATION FOR BOUNDARY LINE ADJUSTMENT

TOWN OF WOLCOTT

PO Box 100, Wolcott, VT 05680

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 _____