## **Zoning Department**

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## TOWN OF DORSET

Town Offices
112 Mad Tom Rd
PO Box 715
East Dorset, VT 05253

## TOWN OF DORSET BOUNDARY LINE ADJUSTMENT APPLICATION

As per the Town of Dorset Subdivision Development Regulations Section 1.06, "Where the moving of a lot line for a boundary line adjustment only does not result in a subdivision, a Boundary Line Adjustment may be issued by the Administrative Officer" (page 6). The Town of Dorset Subdivision Development Regulations contains definitions for "Boundary Line Adjustment," "Development," "Lot," and "Subdivision," and applicants are advised to carefully review these definitions in addition to the applicable sections of the Town of Dorset Subdivision Development Regulations before completing this application.

The applicant must supply the Administrative Officer with evidence that the boundary line adjustment will a) not create an additional lot, and b) that the resulting configuration is in conformance with the Dorset Zoning Bylaw. At the discretion of the Administrative Officer, the Town of Dorset Planning Commission review may be requested.

The undersigned hereby request a Boundary Line Adjustment (BLA), to be issued on the basis of the representations

contained herein, knowing that the BLA will be void in the event of a misrepresentation.

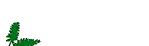
**Application Fee: \$225.00** 

PROPERTY INDENTIFIC. LOT A			
PHYSICAL LOCATION C			
LOT A		LO	ГС
EOT A	EOTB	EO	
EXISTING SIZE OF PROP	ERTIES:		
LOT A	LOT B	LOT C	
LOT A:  Signature		`	
Signature Mailing Address:		Print Name	Date
Mailing Address: Telephone Numbers: (H)		(W)	
(M)		(  \) Email:	
· · · · ·			
LOT B:  Signature		Print Name	Date
Mailing Address:			
Mailing Address: Telephone Numbers: (H)		(W)	
$(M)_{-}$		Email:	
LOT C:			
Signature	Pi	rint Name	Date
Mailing Address:			
Telephone Numbers: (H)		(W)	
(M)		Email:	



By my/our signature on this application I/We swear under the pains and penalties of perjury that the statements contained in this application are true to the best of my/our knowledge and belief. TOTAL AMOUNT OF LAND TRANSFERRED: 5. 6. TOTAL ACREAGE OF PROPERTY WILL NOW BE: LOT C LOT A LOT B\_\_\_\_ NET DEVELOPABLE AREA OF EACH LOT WILL NOW BE: 7. LOT A LOT C LOT C ZONING DISTRICT IN WHICH THE PROPERTIES ARE LOCATED: 8. LOT A LOT C LOT C 9. IS THERE A MYLAR COPY OF A SURVEY ON EITHER PROPERTY FILED WITH THE TOWN CLERK'S OFFICE? (Yes/No) LOT A LOT B LOT C IS THERE AN EXISTING SUBDIVISION PERMIT FOR EITHER PROPERTY FILED WITH THE 10. TOWN? (Yes/No) LOT A LOT C LOT C SUBDIVISION NAME: 11. Note: As per Section 1.06.4 of the Town of Dorset Subdivision Development Regulations, "An amendment of an existing minor or major subdivision for a Boundary Line Adjustment shall be reviewed as a subdivision if the Boundary Line Adjustment affects any previously approved roadways, driveway access, sewage or replacement areas, water systems or any items conditioned I the subdivision permit or final plat, such as, but not limited to wildlife habitat, natural areas, aquifer recharge areas or springs, streams, wetlands, and flood hazard areas." SUBMIT WITH THIS FORM A MYLAR PREPARED BY A LICENSED SURVEYOR, STAMPED 12. AND SIGNED BY THE SURVEYOR.\* Surveyor name and license number: SUBMIT WITH THIS FORM DEEDS, DRAFT DEEDS, OR BOUNDARY LINE AGREEMENTS 13. WHICH DEFINE THE REVISED LOTS.\* SUBMIT WITH THE FORM COPIES OF STATE SUBDIVISION PERMITS AND OTHER LOCAL 14. PERMITS NEEDED.\* \*All of these items are considered a part of this application. Note: This application is not considered complete until all items have been received and completed to the satisfaction of the Administrative Officer. ADMINISTRATIVE OFFICER USE ONLY ZONING DISTRICT: \_\_\_\_\_ APPLICATION RECEIVED DATE: \_\_\_\_\_ ZONING DISTRICT: APPLICATION RECEIVED DATE: COMPLETED MYLAR RECEIVED DATE: BLA PERMIT NUMER: STATE SUBDIVISION PERMITS RECEIVED DATE: OTHER LOCAL PERMITS RECEIVED DATE: \_\_\_\_\_\_\_ MEETING DATE: \_\_\_\_\_ MEETING DATE: \_\_\_\_\_ REASON FOR REFERRAL: REASON FOR REFERRAL:

APPLICATION FEE: \$225.00 REC'D ON: REC'D BY: CHECK #:



APPLICATION APPROVED DATE: DENIED DATE: BY:

REASON FOR DENIAL:

ADMINISTRATIVE OFFICER SIGNATURE: