

**APPLICATION FOR BOUNDARY ADJUSTMENT
TOWN OF MIDDLESEX, VERMONT**

Application # _____

Date Received _____

Fee: \$75.00 (Incl. Recording Fee)

Owner(s) of Property #1: _____ Phone # _____

Location of Property (road): _____

Mailing Address: _____

Signature(s): _____

Owner(s) of Property #2: _____ Phone # _____

Location of Property (road): _____

Mailing Address: _____

Signature(s): _____

(Use reverse side for additional owners.)

<p><i>To Be Completed by Owner of Property #1:</i></p> <p>Parcel ID#: _____ Tax Map #: _____</p> <p>Zoning District: _____</p> <p>Will the new lot conform to all the Zoning requirements for the District? <input type="checkbox"/> Yes <input type="checkbox"/> No (See zoning district requirements)</p> <p>Current Parcel Acreage in Deed: _____</p> <p>Increase / Decrease Acreage by: _____</p>	<p><i>To Be Completed by Owner of Property #2:</i></p> <p>Parcel ID#: _____ Tax Map #: _____</p> <p>Zoning District: _____</p> <p>Will the new lot conform to all the Zoning requirements for the District? <input type="checkbox"/> Yes <input type="checkbox"/> No (See zoning district requirements)</p> <p>Current Parcel Acreage in Deed: _____</p> <p>Increase / Decrease Acreage by: _____</p>
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Owners have attached the following with this application:

- Survey sketch showing the boundary adjustment and how it relates to other properties and/or development, date, scale, true north arrow, name of owners, and significant natural features such as woods, swales, waterways, ledges, swamps, and contours.

***Within six (6) months of Boundary Adjustment approval, owner must submit an 18"x 24" Mylar with proper endorsements to the Zoning Administrator for recording with the Town Clerk.**

Date Mylar Received: _____

ZA determination on Boundary Adjustment: Approved Denied

Date: _____

Comment(s):