



# Application for Boundary Line Adjustment

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

NUMBER OF LOTS TO BE AFFECTED BY BOUNDARY LINE ADJUSTMENT: \_\_\_\_\_

NAME AND MAILING ADDRESS OF ADDITIONAL PROPERTY OWNERS AFFECTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACREAGE OF EACH LOT BEFORE AND AFTER ADJUSTMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application shall be submitted to the Zoning Administrator with the following:

- A fee of \$200 payable to the Town of Chester.
- A short narrative describing the subdivision
- Authorization of applicant's representative (if appropriate).
- 7 copies of a plot plan by a licensed surveyor containing the required information under Article 4.12.F (Required Submissions) and Article 4.13 (Boundary Line Adjustments) of the Chester Unified Development Bylaws.
- A PDF of the plot plan.

A hearing before the Development Review Board will not be scheduled until the Zoning Administrator deems the application to be complete.

The undersigned authorizes the Zoning Administrator access, at reasonable times, to the property covered by this application, for the purposes of reviewing the application and ascertaining compliance with any permit issued.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*TO BE COMPLETED BY THE ZONING ADMINISTRATOR\*\***

PARCEL MAP #: _____	ZONING DISTRICT: _____	FEE: _____	DRB CASE #: _____
APPLICATION DEEMED COMPLETE: _____		DATE: _____	
Zoning Administrator			

**THIS IS NOT A PERMIT. A PERMIT, IF GRANTED, WILL BE ISSUED SEPARATELY**