

**City of Essex Junction, VT
Boundary Line Adjustment**

For Office Use:

Permit #

Property description (address) for application

General information

Applicant _____ Day Phone _____

Address _____

Email Address _____

Owner of Record (attach affidavit if not applicant)

Applicant _____ Day Phone _____

Address _____

Email Address _____

Applicant's agent(s)

Applicant _____ Day Phone _____

Address _____

Property information

Zoning District _____ Current Land Use _____

Surrounding zoning: North _____ South _____ East _____ West _____

Surrounding use: North _____ South _____ East _____ West _____

Tax Map page # _____ Lot # _____ Lot size/sq ft. _____

Lot coverage (include all structures and impervious surface)

Existing (sq ft.) _____ plus proposed (sq .ft.) _____ equals _____ total sq .ft.

Divided by _____ lot sq.f. equals _____ percent lot coverage

Briefly describe your proposal:

I certify that the information on this application is true and correct. I agree to abide by all the regulations and rules as specified in the Land Development Code and any conditions placed upon approval of this application.

Applicant

Date

Land Owner (if different)

Date



Staff Action

Date received _____ Approved _____ Denied _____

Other approvals/conditions:

Staff Signature

Date

Fee Amount: **

Fee Verified:

