

**TOWN OF SOUTH PRAIRIE
BOUNDARY LINE ADJUSTMENT APPLICATION**

FOR TOWN USE ONLY
Date received:
Fee paid:
Receipt #:
Received by:

APPLICANT INFORMATION

Applicant's Name _____

Address _____

Telephone/FAX _____

If owner is different from applicant, what is the legal relationship of the applicant to the owner that entitles the applicant to make application? _____

Applicant's Signature _____ Date _____

Owner's Name _____

Address _____

Telephone/FAX _____

I (we) grant the above applicant permission to use my (our) property in the manner described in this application.

Owner's Signature _____ Date _____

Owner's Signature _____ Date _____

Owner's Signature _____ Date _____

Representative's Name _____

Address _____

Telephone/FAX _____

We the above signatories attest under penalty of perjury that the information in this application is true and accurate. We also understand that it is our responsibility to understand and comply with all applicable federal, state, and local regulations.

CONTACT PERSON/ENTITY

Please designate a single person/entity to receive determinations and notices from the Town

Name _____

Address _____

Telephone/FAX _____

GENERAL INFORMATION

Project Address/Location _____

Assessor Parcel Number(s) _____

Current Zoning _____

Current Land Use _____

MAP

Draw below a scaled map of the properties involved in the boundary line adjustment showing the existing and proposed boundaries, or attach a separate sheet with a map.