



## TOWN OF WILKESON BOUNDRY LINE ADJUSTMENT APPLICATION

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

### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*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 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*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 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**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 adjustment. You may also attach a separate sheet with map.