

TOWN OF CHARLOTTE

APPLICATION

SUBDIVISION AMENDMENT **BOUNDARY ADJUSTMENT** **SKETCH**

*Applicant: A complete application must be submitted to the Planning office before you will be given time on the Planning Commission agenda.

Owner of Record-Parcel #1

Name _____

Address _____

Phone (H) _____ (W) _____

Signature of owner _____

Owner of Record-Parcel #2

Name _____

Address _____

Phone (H) _____ (W) _____

Signature of owner _____

1. Location of Boundary Adjustment or Subdivision Amendment _____

2. Boundary Adjustment or Subdivision Amendment:

Property #1

Original Acreage _____

Proposed Acreage _____

Map ___ Block ___ Lot ___ Parcel ID _____

Property #2

Original Acreage _____

Proposed Acreage _____

Map ___ Block ___ Lot ___ Parcel ID _____

3. Part of Prior Subdivision? Yes ___ No ___

If Yes: Date: _____ Owner: _____

4. Reason for Boundary Adjustment or Subdivision Amendment:

5. To Be Submitted With Application:

_____ If applicant is agent for owner, written authorization signed by owner must be filed with application

_____ Survey showing existing and proposed property lines and existing and proposed acreages

6. Return to: Charlotte Planning & Zoning Office

P.O. Box 119

Charlotte, VT 05445

Office Use Only

Date Received

Application #:

Meeting/Hearing Dates:

Sketch _____

Boundary Adjustment _____

Subdivision Amendment _____

Fee Paid: _____