

APPLICATION #: _____
(Assigned by the Town Clerk)

Received:

TOWN OF STRAFFORD, VERMONT
Application for Lot Line Adjustment / and or
Annexation of a Parcel of Land

TO THE APPLICANT: An annexation as defined in Section 3.7 of the Strafford Zoning Ordinance: is “The purpose of annexation in which there is merely a sale, conveyance or exchange of adjacent land among two or more owners and which does not increase the number of owners or parcels of land.” No public hearing is required.

Name of Landowner (Print)

Telephone # or Cell #

Mailing Address

E-mail

Physical Address

Parcel ID #

Tax Map #

Current Parcel Size in Acres or Dimensions of Parcel

Size of Parcel after Adjustment or Annexed

Adjoining property information (Lot Line Adjustment):

Name of Adjoining Landowner (Applicant 2)

Telephone # or Cell #

Mailing Address

E-mail

Physical Address

Parcel ID #

Tax Map #

Current Parcel Size in Acres or Dimensions of Parcel

Size of Parcel after Adjustment or Annexed

Description: _____

Submit two copies of a survey or sketch, at a scale of not less than 100 feet to the inch indicating the proposed division of land. Include all buildings, driveways, roads, and all surface waters (streams, rivers, ponds and wetlands) as outlined in Section 2 of the Strafford Subdivision Regulations.

***PLEASE NOTE:** State permits may be required for this project. It is the obligation of the applicant to identify and obtain necessary state permits. All permits for wastewater and potable water are State issued. To obtain information regarding permits for wastewater and potable water, contact the Agency of Natural Resources, Wastewater Management Division, at (802)476-0190. To contact the regional State Permit Specialist for the Strafford area to determine what other state permits may be required, contact the Agency of Natural Resources Permit Specialist at (802)476-0195.

Applicant has 180 days from approval to record a Mylar and new deeds describing the change in boundary lines with the town.

I represent that all of the information provided with this application is true, correct and complete to the best of my knowledge and belief.

Applicant's Signature

Date

Applicant's Signature

Date

This Annexation Permit is ____ is not ____ Approved by the (DRB).

With the following conditions: _____

Denied/Reason: _____

Signature: _____

Date: _____

Chair, Strafford Development Review Board