

APPLICATION FOR BOUNDARY LINE ADJUSTMENT/MERGER

Vicinity of Proposal (address): _____

LOT 1 OWNER	LOT 2 OWNER
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
EMAIL: _____	EMAIL: _____

SURVEYOR/TITLE CO.	CONTACT PERSON
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
EMAIL: _____	EMAIL: _____

All Owners Must Sign

Owner Signature: _____ *Date:* _____

Owner Signature: _____ *Date:* _____

Owner Signature: _____ *Date:* _____

Owner Signature: _____ *Date:* _____

OFFICE USE ONLY	
Application Filed: _____	Application Approved By: _____
Fees:	
Application Amount: \$ _____	Approval Date: _____
Date: _____	
Application # _____	County Surveyor Approval Date: _____
Parcel ID# _____	Recording Date: _____
Date: _____	
S _____ T _____ R _____ Twp _____	
Current Zoning: _____	