

**COMMONWEALTH OF VIRGINIA  
COUNTY OF FLUVANNA  
Boundary Adjustment Application**

**Owner of Record:** \_\_\_\_\_ **Applicant of Record:** \_\_\_\_\_

E911 Address: \_\_\_\_\_ E911 Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Representative:** \_\_\_\_\_

E911 Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Note: If applicant is anyone other than the owner of record, written authorization by the owner designating the applicant as the authorized agent for all matters concerning the request shall be filed with this application.**

Is property in Agricultural Forestal District?  No  Yes

If Yes, what district: \_\_\_\_\_

**Tax Map and Parcel(s):** \_\_\_\_\_ **Deed Book Reference:** \_\_\_\_\_

**Acreage:** \_\_\_\_\_ **Zoning:** \_\_\_\_\_ Deed Restrictions?  No  Yes (Attach copy)

E911 Address of Parcel: \_\_\_\_\_

Description of Property: \_\_\_\_\_

I declare that the statements made and information given on this application are true, full and correct to the best of my knowledge and belief. I agree to conform fully to all terms of any certificate or permit which may be issued on account of this application.

Applicant Name (Please Print) \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**All plats must be folded prior to submission to the Planning Department for review. Rolled plats will not be accepted.**

OFFICE USE ONLY			
\$100 fee paid:	Date Received:	Application #: <b>SUB</b> _____ : _____	
Election District:	Planning Area:		
<b>Approved</b>	<b>Denied</b>	<b>Date:</b> _____	<b>Zoning Administrator:</b>