



Boundary Line Adjustment Application

Complete the application and the checklist or we can not process the request

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 #: SUB _____ : _____	
Election District:		Planning Area:	
Approved	Denied	Date: _____	Zoning Administrator:

FLUVANNA COUNTY, VIRGINIA
BOUNDARY LINE ADJUSTMENT Checklist

Complete and submit this checklist with the preliminary plat.



Department of Community Development, Planning & GIS

Project Name: _____
Date of Sketch Plat Approval: _____
Tax Map(s) and Parcel Number(s): _____
Representative Completing Checklist: _____

Signature of Person Completing Checklist: _____

Please check with VDH about Septic and Well prior to application

General Requirements [Sec. 19-6-1]

Number of Copies Required

- The subdivider shall submit to the Subdivision Agent a final plat that meets the standards for plats under Section 42.1-82 the Virginia Public Records Act (Section 42.1-76 et seq.), and conforms to the requirements of the following subsections.
- For boundary adjustments and surveys three (3) folded copies of the final plat must be submitted for staff review.
- All final plats must meet the standards of plats described within §42.1-82 of the Virginia Public Records Act (§42.1-76 et seq.), and conforms to the requirements of the following sections.

Form [Sec. 19-6-2]

- Final plats must be drawn with black or blue lines on white paper [Sec. 19-6-2].
- Each page shall be no larger than 42" wide x 30" high [Sec. 19-6-2].
- Final plats must be drawn to a scale of 1" = 50', 100', or 200', whichever is most convenient for

Staff: _____
Date Received: _____
Date Reviewed: _____
Additional Notes: _____

