

TOWN OF LEICESTER

Application For Boundary Line Adjustment

\$100 Fee, make checks payable to Town of Leicester

Date: _____ Application No: _____ Check No: _____

Parcel No 1: _____ Parcel No 2: _____

Applicant 1: _____ Applicant 2: _____

Address: _____ Address: _____

Phone No: _____ (Day) Phone No: _____ (Day)

Signed:
By Landowner or Agent of Parcel 1

_____ Date: _____

By Landowner or Agent of Parcel 2

_____ Date: _____

(A letter of authorization must accompany submittal if signed by agent.)

Professional Advisors: _____

Address: _____ Phone No. _____ (Day)

Current total acreage of each lot: _____

Proposed acreage of each lot: _____

Zoning District of Subdivision: _____

Brief description of proposal:

*****DECISION OF ZONING ADMINISTRATOR*****

Upon the basis of representations contained above, this application is:

_____ Approved _____ Denied

Date: _____ Zoning Administrator: _____