

**LOT LINE/BOUNDARY LINE ADJUSTMENT APPLICATION**

**INSTRUCTIONS TO APPLICANT:** Type or print legibly. Use additional sheets as necessary. Attach plans, diagrams, etc. as appropriate.

Owner(s):

\_\_\_\_\_  
Name(s) Mailing Address, City, State, ZIP

\_\_\_\_\_  
Telephone E-Mail Address

Agent or Representative (if not owner):

\_\_\_\_\_  
Name Mailing Address, City, State, ZIP

\_\_\_\_\_  
Telephone E-Mail Address

Project Location:

- a. Assessor Parcel Number(s): \_\_\_\_\_
- b. Physical Address(es): \_\_\_\_\_
- c. Deed references (book and page): \_\_\_\_\_
- d. General description of location (cross street, name of existing business etc.)  
\_\_\_\_\_  
\_\_\_\_\_

e. Zoning District: \_\_\_\_\_

**ENVIRONMENTAL INFORMATION**

- 1. Describe Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Existing use of property(ies): \_\_\_\_\_
- 3. Will utility infrastructure, or easements therefore, to each adjusted parcel be affected? \_\_\_\_\_  
\_\_\_\_\_
- 4. Will any existing fences be relocated? \_\_\_\_\_
- 5. Will vehicle access to adjusted parcels be changed: \_\_\_\_\_  
\_\_\_\_\_

6. Describe special circumstances of the project or project site which may result in problems or adverse environmental effects. (Example: steep slopes, drainages, noisy equipment, hazardous access, lack of services.): \_\_\_\_\_

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**Applicant certification, signature(s), and agreement to pay application processing costs.**

I hereby certify that the statements furnished herein and on any attached pages present the data required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

I hereby certify that I own or am the authorized representative of the owner of the land hereby requesting a Boundary Line Adjustment/Merger approval and that I am aware of and do agree to pay the hourly rates as established by Resolution of the City of Jackson for the time spent by the City staff as necessary to process, review and provide consultation to the City concerning this application. I am also aware that said hourly charges are in addition to set fees required for preliminary review and administration and may also include charges to monitor compliance with conditions of approval if my request is approved.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature