

TOWN OF MARSHFIELD
DEVELOPMENT REVIEW BOARD
c/o Robert Light, Zoning Administrator
2193 Hollister Hill Road
Marshfield, VT 05658

phone (802) 454-7725

fax (802) 454-0197

Fee of _____	Rec'd _____
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APPLICATION FOR LOT LINE ADJUSTMENT

\$75.00 APPLICATION FEE to be made payable to the Town of Marshfield

PARCEL 1

LANDOWNER/S _____ PHONE _____

MAILING ADDRESS _____

APPLICANT/S _____ PHONE _____

MAILING ADDRESS _____

Location of Property:

911 Address _____ Parcel ID # _____

Current acreage _____ Acreage after adjustment _____

Current road frontage _____ Road frontage after adjustment _____

Applicant/s signature _____ Date _____

Landowner/s signature _____ Date _____
(if not the same as applicant)

PARCEL 2

LANDOWNER/S _____ PHONE _____

MAILING ADDRESS _____

APPLICANT/S _____ PHONE _____

MAILING ADDRESS _____

Location of Property:

911 Address _____ Parcel ID # _____

Current acreage _____ Acreage after adjustment _____

Current road frontage _____ Road frontage after adjustment _____

Applicant/s signature _____ Date _____

Landowner/s signature _____ Date _____
(if not the same as applicant)

Attach plot plan (map drawn to scale) showing:

- footage showing old and new boundary lines, including road frontage
- *present buildings and their setbacks* from new boundary lines
- rights-of-way to any parcels

Within 180 days of the date of this decision, Applicants shall record the final plat with the Town of Marshfield Land Records. See 24 VSA 4463(b). The plat shall measure 18" x 24" and shall conform to the requirements set forth in 27 VSA, Chapter 17 and to the provisions of the Marshfield Subdivision Regulations, Section 2040. Prior to recording, the Zoning Administrator must review, approve and sign the plat. In addition to the final plat, prepared on mylar, Applicants shall submit one full-sized paper copy of the final subdivision plan.

No changes, modifications, or other revisions that alter the plan or conditions shall be made unless such proposed revisions are first submitted to the Zoning Administrator, and the Zoning Administrator thereafter approves the revisions.

Action by the Administrator _____ Granted _____ Denied _____

Administrative Officer _____

Date _____