



DEPARTMENT OF BUILDING AND PLANNING

Please type or print in ink, DO NOT USE PENCIL.
Complete application in its entirety. Note that your
project application will not be processed until the
application has been reviewed and determined

BOUNDARY LINE ADJUSTMENT SUPPLEMENT

Control No. _____ File Log No. _____

SELLER _____ DAY TIME TELEPHONE: () _____ Mailing Address: _____ City: _____ Zipcode: _____				PURCHASER: _____ DAY TIME TELEPHONE: () _____ Mailing Address: _____ City: _____ Zipcode: _____			
Parcel No(s).	Tax Lot No(s).	Acres (Exist)	Acres (Adjusted)	Parcel No(s).	Tax Lot No(s).	Acres (Exist)	Acres (Adjusted)

Site location (address if applicable): _____

Subdivision or short subdivision if applicable: _____

SELLER:	QuarterSection _____	Section(s) _____	Township _____	Range _____	W.M. _____
PURCHASER:	QuarterSection _____	Section(s) _____	Township _____	Range _____	W.M. _____

1. Attach a map that shows the proposed boundary line adjustment and submit an assessor's map showing the current ownership of the seller and the purchaser. The map(s) must show the following:

- ✓ existing property boundaries of seller and purchaser;
- ✓ proposed boundary after boundary line adjustment;
- ✓ septic drain field and drain field reserve area for each property;
- ✓ location of driveway(s) and all buildings, roads, creeks, streams, drainage ditches, etc.

2. Will access be affected by the boundary line adjustment? If yes, describe.

3. Are any easements or septic drain field reserve areas impacted by the proposed boundary line adjustment? If yes, describe.

Date: _____

Seller: _____

Purchaser: _____