BOUNDARY LINE ADJUSTMENT APPLICATION FORM

Name of Owner(s)_______________________________________ File Number __________(To Be Assigned)
Mailing Address__________________________________________
__________________________________________
Phone Number_________________

Location of Property_______________________________ Tax Map Page_______ Parcel Number_______

Application is hereby made to approve a boundary line adjustment on the above-named land.

Applicant Signature________________________________________Date____________
(Owner/Agent)

Application Fee(s)                                                  Recording Fee by Plat Size
Filing Fee @ $75.00. . . . . . . . . . . . . . . . . . . . . . . . . . . _________
Advertising Fee @ Current Rate* . . . . . . . . . . . . . . . . . . . . _________
___Abutters Notices Plus 1 @ $4.00 each . . . . . . . . . . . . . . _________
Other . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . _________

TOTAL _________                                      TOTAL ________

* Current rate as of 6/17/11 is $71.00

Please make check payable to: Town Of Jefferson
Please make checks Payable to: Registry of Deeds

RECEIPT
$_________Cash/Check                                   Recording Fees to Registry of Deeds $_________Cash/Check

TOWN OF JEFFERSON PLANNING BOARD

By_________________________________________________Date____________________

Consideration of application is scheduled for_______________________________At___________(PM)