



## APPLICATION FOR BOUNDARY ADJUSTMENT PLAN APPROVAL

**DATE OF APPLICATION:** \_\_\_\_\_ **APPLICATION #:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**DESCRIPTION OF PROPERTY:**

**Parcel Locator #:** \_\_\_\_\_ **Subdivision Name:** \_\_\_\_\_

**APPLICANT INFORMATION:**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION):**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**NARRATIVE DESCRIPTION OF SUBDIVISION (PURPOSE, NUMBER OF LOTS, REQUIRED IMPROVEMENTS, ETC.):**

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**SURVEYOR INFORMATION:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PARTIES OF INTEREST:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROJECT ROLE**

_____ Attorney	_____ Site Engineer	_____ Surveyor
_____ Architect	_____ Real Estate Agent	_____ Planner
_____ Developer	_____ Other	_____

**PARTIES OF INTEREST:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROJECT ROLE**

_____ Attorney	_____ Site Engineer	_____ Surveyor
_____ Architect	_____ Real Estate Agent	_____ Planner
_____ Developer	_____ Other	_____

## NOTICE TO APPLICANT

Application is hereby made with willful consent of the Owner for a Boundary Adjustment on the proposed land submitted for review as shown and described on this form and that of accompanying attachments all of which we certify to be true and accurate.

### APPLICANT ACKNOWLEDGEMENT:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR DEPARTMENT OF COMMUNITY DEVELOPMENT USE ONLY

PROJECT ADDRESS: \_\_\_\_\_

Date Received: \_\_\_\_\_

Application #: \_\_\_\_\_

P&Z Hearing Date: \_\_\_\_\_

C.C. Hearing Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Date: \_\_\_\_\_

**Application for Boundary Adjustment Plan Approval (Revised: October 2023)**

Department of Community Development

Telephone Number (314) 227-2930 • Fax Number (314) 428-4960

Page 3 of 3