

**MADISON COUNTY BUILDING & ZONING DEPARTMENT**

410 N Main Street, Madison, VA 22727

Phone: (540) 948-6102

[www.madisonco.virginia.gov](http://www.madisonco.virginia.gov)

**BOUNDARY LINE ADJUSTMENT APPLICATION**

Application Fee \$350.00

**OWNER INFORMATION:**

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT INFORMATION:** Owner Agent

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**The attached plat describes the relocation and/or adjustment of the following affected properties (Owner name and mailing address as appearing in the land records):**

Affected Property Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Affected Property Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Affected Property Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*\*\*Please use a continuation sheet if necessary.\*\*\*\*\*

**The attached materials certify that all affected owners have acknowledged their agreement to file and execute this application. I hereby certify that I have the authority to make the foregoing application and that the information supplied on this application and the attachment(s) to this**

**application is accurate and true to the best of my knowledge. I have read the ordinance requirements. This request will conform to all applicable state and county regulations. In addition, I hereby grant permission to the employees of Madison County to enter the above property for the purposes of reviewing and processing this application.**

\_\_\_\_\_  
Signature of Property Owner \_\_\_\_\_ Tax Map Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner \_\_\_\_\_ Tax Map Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner \_\_\_\_\_ Tax Map Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent for Owner (if applicable- see below) \_\_\_\_\_ Tax Map Number \_\_\_\_\_ Date \_\_\_\_\_  
If agent for owner, please provide the following information:  
Printed name of agent for owner: \_\_\_\_\_  
Mailing address of agent for owner: \_\_\_\_\_  
Phone number and email of agent for owner: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent for Owner (if applicable- see below) \_\_\_\_\_ Tax Map Number \_\_\_\_\_ Date \_\_\_\_\_  
If agent for owner, please provide the following information:  
Printed name of agent for owner: \_\_\_\_\_  
Mailing address of agent for owner: \_\_\_\_\_  
Phone number and email of agent for owner: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent for Owner (if applicable- see below) \_\_\_\_\_ Tax Map Number \_\_\_\_\_ Date \_\_\_\_\_  
If agent for owner, please provide the following information:  
Printed name of agent for owner: \_\_\_\_\_  
Mailing address of agent for owner: \_\_\_\_\_  
Phone number and email of agent for owner: \_\_\_\_\_

**OFFICE USE ONLY:**

Approved     Denied

Allen Nicholls, Planning & Zoning Administrator

Date

Stacy Meredith, Building/Zoning Technician

Date

Have all necessary statements, plats, plans, or other pertinent information been submitted:  Yes  No

Planning Commission:  Approved  Denied  N/A Date: \_\_\_\_\_

Board of Supervisors:  Approved  Denied  N/A Date: \_\_\_\_\_

**Conditions, if any:**

Amount Due: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Case #: \_\_\_\_\_