

MADISON COUNTY BUILDING & ZONING DEPARTMENT

410 N Main Street, Madison, VA 22727

Phone: (540) 948-6102

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: _____

☐ Approved ☐ Denied

Date _____

Date _____

Conditions, if any:

Amount Due: _____ Payment Type: _____ Payment Date: _____ Staff Initials: _____ Case #: _____