

# The City of Green Park



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

Permit No.: \_\_\_\_\_

Fee: **\$300.00**

## -- BOUNDARY ADJUSTMENT APPLICATION --

*The Boundary Adjustment application constitutes a request to divide or consolidate parcels of land within The City of Green Park. The application shall comply and include all information called out in **Chapter 410** and all fees shall be paid in accordance and as set forth in **Section 400.120**.*

**Information Concerning Applicant:** Applicant hereby submits the following information concerning the proposed site:

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

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number Fax Number Email Address

*Mailing Address (if different than above)*

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number Fax Number Email Address

Legal Name of Business: \_\_\_\_\_

(Provide full legal name of business)

If Corporation/Legal Entity – Charter Number: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

\_\_\_\_\_ Contact Person / Officer \_\_\_\_\_ Title

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number Fax Number Email Address

Name of Property Owner: \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number Fax Number Email Address

Name of Architect and/or Engineer: \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number Fax Number Email Address

### Individual Lot Information:

Name of Subdivision: \_\_\_\_\_

Assessors Book & Page: \_\_\_\_\_ Lot Locator Number: \_\_\_\_\_ Zoning: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Lot Dimensions: \_\_\_\_\_ Acres: \_\_\_\_\_

Assessors Book & Page: \_\_\_\_\_ Lot Locator Number: \_\_\_\_\_ Zoning: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Lot Dimensions: \_\_\_\_\_ Acres: \_\_\_\_\_

Assessors Book & Page: \_\_\_\_\_ Lot Locator Number: \_\_\_\_\_ Zoning: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Lot Dimensions: \_\_\_\_\_ Acres: \_\_\_\_\_

**Boundary Adjustment Plat Submission Requirements**

*The Boundary Adjustment Plat shall be drawn at a scale not to exceed one (1) inch to one hundred (100) feet on an exhibit approximately twenty-four (24) inches by thirty-six inches (36) and shall contain the following information: (Fifteen (15) copies of each)*

- North point, scale and date.
- Location of the present properties, legal description and lines of incorporated areas.
- Boundaries and names of the proposed property(s).
- Area of tract.
- Existing streets, alleys and easements, including width of right-of-way.
- The names and adjoining boundaries of all adjoining subdivisions and the names of record owners of adjoining parcels of unsubdivided land.

**Representation Concerning Authority & Compliance with Laws:**

I am authorized by the Applicant to sign on his/her/its behalf and have read this application in its entirety. The information contained herein is true, and correct and complete to the best of my knowledge, information, and belief.

Applicant acknowledges that failure to truthfully complete this application or failure to comply with all laws may result in revocation of this permit.

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

***City Use Only***

**Planning & Zoning Commission:**

**Boundary Adjustment – Recommendation:**

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

- Approval
- Conditional Approval (see attachment)
- Disapproval

Comments:

**Board of Aldermen:**

**Boundary Adjustment:**

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

Bill: \_\_\_\_\_ Ordinance: \_\_\_\_\_  Approved  Disapproved

Comments: