

**Town of Shaftsbury Boundary Line Adjustment Application**

61 Buck Hill Road, PO Box 409  
 Shaftsbury, VT 05262  
 802 442-4038 x 5; zoning@shaftsburyvt.gov  
 FEE \$100

Permit # \_\_\_\_\_

Deed references:

Parcel 1: Book \_\_\_\_ Page \_\_\_\_ Parcel 2: Book \_\_\_\_ Page \_\_\_\_

Applicant(s)/Owner(s) Parcel 1	Applicant(s)/Owner(s) Parcel 2
Name	Name
Address	Address
City	City
State and Zip	State and Zip
Email address	Email address
Phone number	Phone number

Request (for example, "To transfer three (3) acres from parcel 1 to parcel 2 as shown on attached survey.")

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parcel 1: Tax parcel # \_\_\_\_\_ Zoning district \_\_\_\_\_ Current acreage \_\_\_\_\_ Resulting acreage \_\_\_\_\_

Location or address

\_\_\_\_\_

Parcel 2: Tax parcel # \_\_\_\_\_ Zoning district \_\_\_\_\_ Current acreage \_\_\_\_\_ Resulting acreage \_\_\_\_\_

Location or address

\_\_\_\_\_

**ADDENDUM**  
**ZONING PERMIT APPLICATION**  
**AUTHORIZATION FOR BOUNDARY LINE ADJUSTMENT**

**Permit No.** \_\_\_\_\_

We, the undersigned, are the owners of the properties described in the above referenced Zoning Permit Application. We hereby authorize the filing of the Application and jointly ask the Zoning Administrator and/or Development Review Board to approve the boundary line adjustment as described in the Application.

**Owner(s) of Parcel 1**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name

Print Name

STATE OF VERMONT  
BENNINGTON COUNTY, SS.

At \_\_\_\_\_, Vermont, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_,  
\_\_\_\_\_ personally appeared before me and acknowledged this instrument, by her/him/them sealed and subscribed, to be true and correct and to be her/his/their free act and deed.

Before me, \_\_\_\_\_

Notary Public

Commission expires: \_\_\_\_\_

(Seal)

STATE OF VERMONT  
BENNINGTON COUNTY, SS.

At \_\_\_\_\_, Vermont, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_,  
\_\_\_\_\_ personally appeared before me and acknowledged this  
instrument, by her/him/them sealed and subscribed, to be true and correct and to be  
her/his/their free act and deed.

Before me, \_\_\_\_\_

Notary Public

Commission expires: \_\_\_\_\_

(Seal)

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**Owner(s) of Parcel 2**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name

Print Name

STATE OF VERMONT  
BENNINGTON COUNTY, SS.

At \_\_\_\_\_, Vermont, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_,  
\_\_\_\_\_ personally appeared before me and acknowledged this instrument, by her/him/them sealed and subscribed, to be true and correct and to be her/his/their free act and deed.

Before me, \_\_\_\_\_

Notary Public

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Notary Public

Commission expires: \_\_\_\_\_

(Seal)