BLA #_____

Department of Community Development

221 S. Nursery Avenue Purcellville, VA 20132
(540)338-2304 Fax (540)338-7460

Boundary Line Adjustment or Lot Consolidation Application

Application for (please check one):

☐ **Boundary Line Adjustment** ☐ **Lot Consolidation** **Date:** _____

Address(es) of Proposed Project _____

Proposal/Request_____

_____

Zoning District _____ **PIN Property #1** _____**PIN Property #2** _____

Property Owner #1: _____ **Telephone No.** _____

Mailing Address_____

Property Owner #2: _____ **Telephone No.** _____

Mailing Address_____

Agent Name_____ **Telephone No.** _____

Fax No. _____ **E-mail**_____

Mailing Address_____

Required Attachments:
☐ **Plat** ☐ **Deed**

Correspondence to be sent to:
☐ **Agent** ☐ **Owner(s)**

Please see reverse for application process.

Owner Certification:

I have read this completed application, understand its intent and freely consent to its filing. The information provided is accurate to the best of my knowledge. I understand that the Town may deny, approve, or conditionally approve that for which I am applying. Furthermore, I grant permission to the Town or authorized government agents to enter the property and make such investigations and tests as they deem necessary.

_____ _____
Owner #1 Signature Date

_____ _____
Owner #2 Signature Date

For Town Use Only

Application Complete:	
Approval Date:	
Recordation Date:	

Fees Paid - $_____