



Town of St. Albans
Office of the Zoning Administrator
P.O. Box 37
St. Albans Bay, VT 05481
(802) 527-1672 ext. 103
b.perron@stalbanstown.com

ADMINISTRATIVE BOUNDARY LINE ADJUSTMENT (BLA) APPLICATION

ZONING DISTRICT(S): _____

FLOOD HAZARD OVERLAY: YES NO

LAND TO BE TRANSFERRED

OWNER(S) OF RECORD: _____

MAILING ADDRESS: _____ PHONE NO: _____

911 ADDRESS OF PROPERTY: _____ PARCEL ID#: _____

RECEIVING LAND

OWNER(S) OF RECORD: _____

MAILING ADDRESS: _____ PHONE NO: _____

911 ADDRESS OF PROPERTY: _____ PARCEL ID#: _____

PROFESSIONAL ADVISORS (SURVEYOR): _____

MAILING ADDRESS: _____ PHONE NO: _____

BRIEF DESCRIPTION OF PROPOSAL: _____

CURRENT LOT SIZE BEFORE BLA: GRANTING LANDS: _____ RECEIVING LANDS: _____

PROPOSED LOT SIZE AFTER BLA: GRANTING LANDS: _____ RECEIVING LANDS: _____

HAS EITHER PROPERTY BEEN SUBJECT TO PREVIOUS MUNICIPAL ZONING DECISIONS PLACING RESTRICTIONS OR CONDITIONS OF APPROVAL ON THE SUBJECT LANDS? IF SO, PLEASE PROVIDE COPIES WITH THIS APPLICATION.

YES
 NO

TWO (2) COPIES OF THE SURVEY MAP MUST BE PROVIDED AT TIME OF APPLICATION. AT A MINIMUM, THE MAP MUST SHOW ALL STRUCTURES LOCATED ON THE LOTS, ROAD FRONTAGES WITH DIMENSIONS IN FEET, BOUNDARY LINES WITH DIMENSIONS IN FEET, CURRENT BOUNDARY LINES AND ADJUSTED BOUNDARY LINES CLEARLY MARKED, AND ACREAGE BEFORE AND AFTER THE BLA FOR EACH LOT.

A PLAT MAP SIGNED BY THE ZONING ADMINISTRATOR MUST BE FILED IN ACCORDANCE WITH STATE STATUTES. AS STATUTORY REQUIREMENTS CHANGE FOR FILING DOCUMENTS WITH THE TOWN CLERK'S OFFICE, IT IS RECOMMENDED THAT THE SUBDIVIDER CONSULT WITH THE TOWN CLERK FOR THE PROPER DOCUMENTATION AND FILING REQUIREMENTS.

YOU MUST CONTACT A PERMIT SPECIALIST AT THE VT DEPT. OF ENVIRONMENTAL CONSERVATION TO OBTAIN INFORMATION REGARDING VT STATE PERMITTING REQUIREMENTS AT (802) 477-2241.

Property Owner's Acknowledgement: As the owner of the property described above, I hereby apply for a permit to make a change in the use or undertake the development described on this form. I understand that if this application is approved, I must post notice within view from the public right of way most nearly adjacent to the subject property for 15 days. I understand that VT law allows the Zoning Administrator 30 days to issue or deny a permit. The information and representations contained in this application are true and accurate to the best of my knowledge. Your signature below constitutes permission for on-site inspection of the property described on this application.

SIGNATURE(S) OF OWNER(S) OF RECORD

SIGNATURE(S) OF OWNER(S) OF RECORD

FOR TOWN USE ONLY

APPLICATION NO: _____

FEES

		DATE	RCVD. BY
PERMIT	\$ _____	_____	_____
RECORDING	\$ _____	_____	_____
MYLAR RECORDING	\$ _____	_____	_____
TOTAL FEE PAID	\$ _____	_____	_____

APPLICATION: APPROVED

PERMIT VALID: _____

REJECTED

PERMIT EXPIRES: _____

PERMIT #: _____

ISSUED TO: _____

DATE: _____

ZONING ADMINISTRATOR

TOWN REMARKS/CONDITIONS OF APPROVAL: _____

