APPLICATION FOR BOUNDARY LINE ADJUSTMENT
TOWN OF SWANZEY (REV. 4/99)

(Note: This form and all required information must be filed at least 21 days before the date of the meeting at which it is to be submitted to the Planning Board. Filing is to be done at Planning Office, Swanzey Town Hall, or by mail to PO Box 10009, Swanzey, NH 03446)

Date Received Stamp

Name, mailing address & telephone # of Applicant

Name, mailing address & telephone # of owner of record, if other than Applicant

Name, mailing address & telephone # of other party to boundary line adjustment

Street address of properties involved

Tax Map and Lot # of parcels to be adjusted	**Zoning District**

Name, mailing address & telephone # of surveyor

Abutters: Attach a separate sheet listing Town of Swanzey Tax Map & lot #, name and mailing address of all abutters, including those across a street, brook or stream. Names should be those of current owners as recorded in the tax records five (5) days prior to the submission of this application

Fees: Applicant will be billed prior to hearing. THE APPLICATION WILL NOT BE CONSIDERED BY THE PLANNING BOARD UNTIL SUCH TIME AS ALL FEES ARE PAID.

Fee Schedule:

- **Application Fee - $30.00**
- **Notice Fee - Current Fee for Certified Mail (return receipt)**
- **Recording Fees – Current rates for Cheshire County Registry of Deeds**

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I/We hereby authorize the Swanzey Planning Board and its agents to access my land for the purpose of reviewing this boundary line adjustment and any other inspections deemed necessary by the Board or its agents to ensure conformance.

Further, I/We certify that this application is correctly completed with all required attachments and requirements and that any additional costs for engineering or professional services incurred by the Planning Board or the Town of Swanzey in the boundary line adjustment of this property shall be borne by the Applicant(s) and/or Owner(s).

Signatures of Owners of Properties Involved

Date:_____ _____

Date:_____ _____

FOR PLANNING BOARD USE ONLY
Comments:

The above application was ☐ **approved** ☐ **denied by the Swanzey Planning Board.**

Date:_____

_____ _____

Chair **Secretary**