



# Franklin County

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## Planning and Building Department

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Jerrold B. MacPherson—Director

### PLANNING DIVISION

#### BOUNDARY LINE ADJUSTMENT APPLICATION REQUIREMENTS

- Land Development Application.
  - \$150.00 Application Fee – **Checks made payable to the Franklin County Planning and Building Department.**
  - 8 Copies: 7 copies of the plat map from a registered surveyor and 1 copy in a digital or electronic format (disk, cd, or e-mail).
  - Applicant should contact the Assessor's Office for additional requirements.**
- Boundary line adjustments are an administrative review by the Planning Division. Copies of the record survey will be distributed to various public agencies for review and comment. A 15-day review process is normally necessary before a decision is rendered for a complete application.

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## Planning and Building Department

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### PLANNING DIVISION LAND DEVELOPMENT APPLICATION

Application Number: \_\_\_\_\_

**Applicant/Representative:**

Existing Land Use Zoning District(s):  
\_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Legal Description of Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Cellular(\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Site Address: \_\_\_\_\_

**Owner(s):** (attach additional sheet if necessary)

Total Acreage Involved: \_\_\_\_\_

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

Source of Water: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Source of Irrigation: \_\_\_\_\_

Sewage Disposal System: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Source of Power: \_\_\_\_\_

Cellular: (\_\_\_\_) \_\_\_\_\_

Comprehensive Plan: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Description of Improvements on Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Existing Use of Site/Property: \_\_\_\_\_

**Proposed Development Application Request** (Specify; Short Plat, Cond Use, Zone Change, Home Occupation, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We, the undersigned, hereby authorize the filing of this application and certify that the information contained in this application is complete and correct to the best of our knowledge. This authorizes the designated Applicant's representative (if applicable) to act on behalf of the applicant for the processing of this request.

( ) Owner \_\_\_\_\_ Date \_\_\_\_\_

( ) Applicant/Representative \_\_\_\_\_ Date \_\_\_\_\_

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

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