



Permit # _____

TOWN OF WEST RUTLAND
BOUNDARY LINE ADJUSTMENT ^N
(BLA)
ZONING PERMIT APPLICATION

Name of Owner granting acreage (Grantor) _____

Postal Address: _____ Parcel ID# _____

Email _____ Phone: _____ Bk. _____ Page: _____

Name of Owner receiving acreage (Grantee): _____

Postal Address: _____ Parcel ID# _____

Email _____ Phone: _____ Bk. _____ Page: _____

Present area of the Grantor's Property _____ Total Area of Grantor's Property after BLA _____

Present area of Grantees Property: _____ Total Area of Grantee's Property after BLA _____

Present Use of Property: (residential, commercial, vacant, agric., etc.) _____

Existing Length of Road frontage: Grantors parcel: _____ Grantee's parcel: _____

New Road frontages after BLA Grantor's parcel: _____ Grantee's Parcel: _____

Additional Information

Roads or waterways adjoining property: _____

Is the Grantor the owner of an adjoining property? _____ If yes, provide address or parcel ID _____

On a separate sheet, a scale drawing of the properties must show both the existing and adjusted boundaries, and note the areas of each parcel after the BLA. All structures must be shown, distances from the new boundaries to structures noted; and conform to the prescribed setbacks for the Zoning District. The Grantor shall merge the nonconforming area to its main property by deed. Within 90 days after approval, a survey mylar of the BLA shall be recorded in Town Land Records. This is not a construction permit.

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The undersigned applicants hereby certifies that all information submitted on this application is accurate and that the information provided is complete.

Grantor's signature_____
Date_____
Grantee's signature_____
Date

Date Applicants signature

FOR COMPLETION BY ADMINISTRATIVE OFFICER

Date of Receipt: _____ Fee Paid: _____

Zoning District: _____ Type of Use: _____

Action by Administrative Officer:

Approved: _____ *This approval shall not become effective until: _____

Denied: _____

Date of Administration Officer Action: _____ Effective date (following 15 day appeal/warning period) _____

Administrative Officer's Signature _____

Permits will be void if the applicant fails to legally transfer / merge the permitted development within 6 months of effective date of the zoning permit.

Any decision of the Administrative Officer may be appealed to the Development Review Board by filing a written notice of appeal with the clerk of the Board within 15 days of the Administrative Officer's Decision.

Permit referred to:

Development Review Board: _____ Reason: _____

VT State Environmental Office: ☐ Call the state permit specialist at 802-282-6488
to see if state permits are required

Board Action:

Development Review Board: _____

CERTIFICATION OF OCCUPANCY OR USE

Before there is any use or occupancy of any structure or addition above, it must be inspected upon completion by the Administrative Officer. This certificate certifies that the building or use conforms to the approved plans heretofore filed with the Administrative Officer and with all applicable provisions of the West Rutland Zoning Ordinance.

Certificate Granted _____ Denied _____ Date _____

Administrative Officer's signature _____

Access/Right of Way Permit Inspection _____ Bond Submittal _____

Locatable Address No, _____