



Mathews County Dept. of Planning & Zoning,  
50 Brickbat Road, Mathews, VA 23109  
O: 804-725-4034 F: 804-725-7249

FOR INTERNAL USE ONLY	
Application No: _____	
FEE: _____	Paid: <input type="checkbox"/>
Date Received: _____	
Approval Date: _____	

## Application for a Boundary Line Adjustment/Vacation

### TO BE COMPLETED BY APPLICANT

Name of Subdivision: \_\_\_\_\_

Address/Location: \_\_\_\_\_

#### Property Owners (Who presently owns the property):

##### Owner of 1<sup>st</sup> property being adjusted:

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Map # of Parcel Being Adjusted: \_\_\_\_\_

Acreage **BEFORE** adjustment: \_\_\_\_\_

Acreage **AFTER** adjustment: \_\_\_\_\_

##### Owner of 2<sup>nd</sup> property being adjusted:

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Map # of Parcel Being Adjusted: \_\_\_\_\_

Acreage **BEFORE** adjustment: \_\_\_\_\_

Acreage **AFTER** adjustment: \_\_\_\_\_

**\*If adjusting more than 2 parcels please attach additional sheets.**

#### Owner/Agent Must Read and Sign:

I hereby certify that I own the subject property, or have legal power to act on behalf of the owner in filing this application. I also certify that the information provided on this application and accompanying information is accurate, true and correct to the best of my knowledge.

\_\_\_\_\_  
Owner/Contract Purchaser of Parcel# \_\_\_\_\_

\_\_\_\_\_  
Owner/Contract Purchaser of Parcel# \_\_\_\_\_