MIDDLESEX COUNTY

Department of Planning and Community Development P.O. Box 428, Saluda, VA 23149

Phone: 804-758-3382 Fax: 804-758-0061

LOT LINE ADJUSTMENT SUBMISSION REQUIREMENTS

In order to expedite the review of Lot Line Adjustment applications, please be sure that all of the following items have been included in your Subdivision application. <u>Please return this completed checklist with the application to assure that all items have been addressed</u>. All Lot Line Adjustment applications must adhere to the regulations found in the Middlesex County Zoning Ordinance.

	Completed Subdivision application. Lot Line Adjustment application fee of \$25 plus \$1 per lot line adjusted. A minimum of three (3) copies of the Lot Line Adjustment plat. The plat must provide the following information:					
	a. The name of the subdivision, preparer of plat and owner of record.					
	b. The date of the drawing, scale and north point.					
	c . The pre-adjustment and post-adjustment layout, boundaries, area and frontage of the parcel(s) or tract(s) to be adjusted.					
	d . The location of all Chesapeake Bay Preservation Act features, including the Resource Protection Area (RPA) and Resource Management Area (RMA).					
	e. A statement to the effect that the subdivision as it appears on the plat is with the free consent and in accordance with the desires of the owners, proprietors and trustees, if any, with original notarized signatures of these parties.					
CERTI	FICATION:					
I hereby certify that the attached plats and this completed application form contain all the required information for a Lot Line Adjustment plat in accordance with the Middlesex County Subdivision Ordinance. I understand that the submission of incomplete or inaccurate information may delay the processing of this Lot Line Adjustment plat.						
Signature						

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SUBDIVISION APPLICATION

Subdivision Classification/Fee:	☐ Major (\$400 + \$25 p	per lot)	☐ Minor (\$150	+ \$15 per lot):	
	Lot Line Vacation (S	\$25 + \$1 per lot): _		_	
	☐ Lot Line Adjustmen	t (\$25 + \$1 per lot)):	_	
	☐ Family Exemption				
Reviewing Authority:		Hearing Date:			
Decision: Approved	Denied	Tax Query:	Current	Delinq	uen
Conditions/Comments:					
Subdivision Agent Signature					
		1 0			
	fore me this				
My commission expires:					
APPLICANT INFORMATIO	DN				
APPLICANT INFORMATIC Name:	DN				
APPLICANT INFORMATIC	DN	City/State/Zip:			
APPLICANT INFORMATIC Name: Address: Phone:	DN	City/State/Zip:			
APPLICANT INFORMATIC Name: Address: Phone: PROPERTY OWNER INFORMATIC	ON RMATION	City/State/Zip: Fax:	:		
APPLICANT INFORMATIC Name: Address: Phone:	RMATION	City/State/Zip: Fax:			
APPLICANT INFORMATIC Name: Address: Phone: PROPERTY OWNER INFORMATIC	RMATION	City/State/Zip: Fax: City/State/Zip:			
APPLICANT INFORMATIC Name: Address: Phone: PROPERTY OWNER INFORMATIC Name: Address:	RMATION	City/State/Zip: Fax: City/State/Zip:			
APPLICANT INFORMATIC Name:	RMATION	City/State/Zip: Fax: City/State/Zip: Fax:			
APPLICANT INFORMATIC Name: Address: Phone: PROPERTY OWNER INFORMATIC Name: Address: Phone:	RMATION	City/State/Zip: Fax: City/State/Zip: Fax: E911/Street Ac	ddress:		
APPLICANT INFORMATIC Name:	RMATION	City/State/Zip: Fax: City/State/Zip: Fax: Zoning District	ddress:		
APPLICANT INFORMATIC Name:	RMATION	City/State/Zip: Fax: City/State/Zip: Fax: E911/Street Ac Zoning District CBPA District	ddress:t:		
APPLICANT INFORMATIC Name:	RMATION	City/State/Zip: Fax: City/State/Zip: Fax: E911/Street Ac Zoning District CBPA District	ddress:t:		
APPLICANT INFORMATIC Name:	Public Private	City/State/Zip: Fax: City/State/Zip: Fax: E911/Street Ac Zoning District CBPA District Number of New None	ddress:t:		

I hereby certify that I have the authority to make the foregoing application, that the information given is complete and correct to the best of my knowledge, and that the plat conforms to the regulations as set forth in the Middlesex County Subdivision and Zoning Ordinances as written and also with the description contained in this application. Applicant's Signature (if not Property Owner) Applicant's Signature (if not Property Owner) Subscribed and sworn before me this ______ day of _____ My commission expires: ______ NOTARY PUBLIC: _____ PROPERTY OWNER STATEMENT I hereby certify that I/we own the above described property, that the information given is complete and correct to the best of my knowledge, that the plat conforms to the regulations as set forth in the Middlesex County Subdivision and Zoning Ordinances as written and also with the description contained in this application, and that the above person(s), group, corporation or agent has the full and complete permission of the undersigned owner(s) to make application for a subdivision as set forth in the Middlesex County Subdivision and Zoning Ordinances as written. Property Owner's Signature Date Property Owner's Signature

APPLICANT STATEMENT

CONDITIONS

1. This permit application is not valid unless all property owner(s) signatures are affixed and dated.

Subscribed and sworn before me this day of

My commission expires: ______NOTARY PUBLIC: _____

2. All permit application charges are nonrefundable, regardless of whether the permit application is approved or denied once submitted. All checks for payment should be made payable to Middlesex County.

