



Boundary Line Adjustment

Boundary Line Adjustment Supplement

Parcel C

Property Owner: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Tax Parcel #: _____ Site Address: _____

Lot area, *prior* to adjustment: _____ Lot area, *after* adjustment: _____

Water source: Public water system Private water system Individual or shared well

Sewage Disposal: Public sewer system On-site septic Other

Will any easement be eliminated, altered, or created? Yes No

Will any structures be involved in the BLA (switching parcels)? Yes No

Owner Signature: _____ Date: _____

Parcel D

Property Owner: _____ Phone: _____

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