

Town of Greenville, New Hampshire

Planning Board

Lot Line Adjustment Application

APPLICANT INFORMATION

Name: _____

Address: _____

Telephone: (H) _____ (C) _____

1st PROPERTY OWNER AND PARCEL INFORMATION

Name(s) of Property Owner: _____

Name(s) of Property Owner: _____

Address of Property: _____

Assessor's Map #: _____ Lot #: _____

Zoning District: _____

Size of Existing Parcel: _____

Size of Parcel after Lot Line Adjustment: _____

2nd PROPERTY OWNER AND PARCEL INFORMATION

Name(s) of Property Owner: _____

Name(s) of Property Owner: _____

Address of Property: _____

Assessor's Map #: _____ Lot #: _____

Zoning District: _____

Size of Existing Parcel: _____

Size of Parcel after Lot Line Adjustment: _____

SURVEYOR INFORMATION

Company Name: _____

Surveyor Name: _____

License #: _____

Address: _____

Telephone: _____ E-mail: _____

SIGNATURES

I/We as owner(s) or as duly authorized agent(s) for the owner(s) of the property described in the attached lot line adjustment plan, do hereby submit this lot line adjustment plan for review as required by the regulations of the Planning Board of the Town of Greenville. I/We attest that to the best of my/our knowledge all of the information on this application and in the accompanying materials and documentation is true and accurate.

Signature of 1st Property Owner Date

Signature of 2nd Property Owner Date

I/We hereby authorize members of the Greenville Planning Board, Building Inspector, and any other pertinent Town Department to enter my property for the purpose of evaluating this application, including performing inspections during the application process.

Signature of 1st Property Owner Date

Signature of 2nd Property Owner Date