



Botetourt County Planning & Zoning
Request for Boundary Line Adjustment

5 West Main Street, Suite 100 ♦ Fincastle, VA 24090 ♦ 540.473.8320

Subdivision Name:		Magisterial District:	
Zoning Classification		Tax Map Number(s):	
Name of Property Owner:			
Mailing Address:			
Telephone Number:	Fax Number:	Email:	
Name of Adjoining Owner:			
Mailing Address:			
Telephone Number:	Fax Number:	Email:	

We, _____
 (Print all property owner names)
 hereby request a Boundary Line Adjustment.

All applicants must have notarized signatures by the current property owners. By signing below, signature(s) indicate consent for county officials to conduct site reviews on this property.

 Signature of property owner Date _____

 Signature of property owner Date _____

State of Virginia
 County of Botetourt to Wit:

The foregoing instrument was acknowledged before me this _____ day of _____ 2____ by

 Printed name of property owner(s)

My commission expires: _____ Date

 Notary Public printed name and registration number _____
 Notary Public signature

Note: Signature(s) of property owner(s) must be notarized



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