City of Manchester
14318 Manchester Road
Manchester, MO 63011
P: (636) 227-1385 ex. 118
F: (636) 821-8099
pandz@manchestermo.gov

Boundary Adjustment Application

Applicant:_____

Address:_____ Phone:_____

City, State, Zip:_____ Email:_____

Where the division of land involving the sale or transfer of parcels of land to or between adjoining property owners and where such sale or transfer does not create an additional lot nor reduce the original lot or lots below the requirements of the applicable zoning district or districts, a Boundary Adjustment Plat shall be submitted to and approved by the City. **Application Fee:** $300

Lot 1 Information: Zoning:_____ Lot Size:_____

Lot Address:_____

Owner (Print):_____

Owner Signature:_____

Telephone:_____ Email:_____

Address:_____

Legal Interest _____, If not owner of record, attach signed, notarized statement from owner as to petitioner's authority to act on his/her/their behalf in connection with this petition. Owner of Lot as Shown on Deed (If different from applicant.)

Lot 2 Information: Zoning:_____ Lot Size:_____

Lot Address:_____

Owner (Print):_____

Owner Signature:_____

Telephone:_____ Email:_____

Address:_____

Legal Interest _____, If not owner of record, attach signed, notarized statement from owner as to petitioner's authority to act on his/her/their behalf in connection with this petition. Owner of Lot as Shown on Deed (If different from applicant.)

I hereby certify that the information contained in this application and accompanying documents are correct, and that I will conform to all applicable laws of the City of Manchester.

Applicant Signature:_____ Date:_____

Applicant's Name Printed:_____

FOR OFFICE USE ONLY BELOW

ZONING APPROVAL City of Manchester Permit #:_____

Received by:_____ Date:_____

Director, Planning, Zoning and Economic Development

Zoning Fees Fee paid on:_____ Amount:_____