City of Manchester
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Manchester, MO 63011
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THE CITY OF MANCHESTER MISSOURI

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:_____