



# Line Vacation/Boundary Line Adjustment Application

Department of Planning, Zoning & Wetlands P.O. Box 839, 50 Brickbat Road, Mathews, Virginia 23109  
Phone: 804-725-4034 Fax: 804-725-7249 Web Site: [www.mathewscountyva.gov](http://www.mathewscountyva.gov)

**PROPERTY INFORMATION**

1<sup>ST</sup> MAP ID: \_\_\_\_\_ ZONING: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

2<sup>ND</sup> MAP ID: \_\_\_\_\_ ZONING: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAGISTERIAL DISTRICT: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

APPLICATION NO. \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CHK # \_\_\_\_\_

Approved  Denied \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

- Line Vacation  
\$10.00 + \$1.00 per lot
- Boundary Line Adjustment  
\$25.00

**PLEASE ATTACH SIX COPIES OF THE PLAT**

**Owner of 1<sup>st</sup> Property Being Adjusted**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acreage **BEFORE** Adjustment: \_\_\_\_\_ Acreage **AFTER** Adjustment: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

**Owner of 2<sup>nd</sup> Property Being Adjusted**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acreage **BEFORE** Adjustment: \_\_\_\_\_ Acreage **AFTER** Adjustment: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

By signing above, I/we certify that I/we own the subject property or have legal power to act on behalf of the owner in filing this application. I/we also certify that the information provided on this application and accompanying information is accurate, true and correct to the best of my knowledge.

**Make check payable to TREASURER, COUNTY OF MATHEWS**