



COMMISSIONERS OF LEONARDTOWN

22670 Washington Street
P. O. Box 1, Leonardtown, Maryland 20650

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leonardtown.somd.com

DANIEL W. BURRIS
Mayor

LASCHELLE E. McKAY
Town Administrator

BOUNDARY LINE ADJUSTMENT PLAT PERMIT APPLICATION

Permit/Case No: _____ Project: _____

Applicant / Owner: _____

Address: _____

Contact No: _____ Email: _____

Surveyor: _____

Address: _____

Contact No: _____ Email: _____

Tax Map: _____ Block: _____ Parcel: _____ Acreage: _____

Election District: _____ Tax Id Acct #: _____ Deed Reference: _____

Zoning: _____ Zoning Overlays (if applicable): _____

Public Water: YES NO Public Sewer: YES NO

Private Water: YES NO Private Sewer: YES NO

Town Review Fee \$ 100.00 YES NO

St. Mary's County Health Department Review Fee \$120.00 per lot or site plan. (Paid directly to SMCHD)
(ALL HEALTH DEPARTMENT SUBMISSION ARE TO BE SUBMITTED DIRECTLY TO SMCHD)

I hereby swear or affirm that I am the property owner and that this application is correct:

PROPERTY OWNER/AUTHORIZED AGENT'S SIGNATURE: _____

PRINT NAME: _____

I hereby swear or affirm that I have received authority from the property owner to make this application and that this application is correct (See attached "Limited Power of Attorney").