



City of Nevis

Nevis, MN 56467

APPLICATION FOR BOUNDARY LINE REALIGNMENT - \$25.00 Fee

Applicant Name: (Increasing land) _____

Applicant's Address: _____ PID # _____

Date: _____ Phone #: _____ Email: _____

Zone: _____ Shoreland: _____ Yes _____ No

Name of Adjacent Property Owner (Decreasing Land) _____

Adjacent Address: _____ PID # _____

Zone: _____ Shoreland: _____ Yes _____ No

Description of proposed transaction:

Does this proposed transaction involve:

- | | |
|---|--------|
| 1. New street or road? | Y or N |
| 2. Extension of new street or road? | Y or N |
| 3. Creation of any public improvements? | Y or N |
| 4. Adversely affecting remainder of the parcel or adjoining property? | Y or N |

Please attach Certificate of Survey and copy of Deed with new legal description of increased parcel.

Agreement: By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of the City of Nevis. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid. I authorize City of Nevis staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I release the City of Nevis and its employees from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the applications or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

Applicant Signature: _____ Date: _____

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Date Received: _____ Fee Paid _____

Approved _____ Denied _____ Reason for Denial _____

Authorizing Official: _____ Title: _____