

**APPLICATION  
FOR  
BOUNDARY LINE ADJUSTMENT / MERGER**

TRACT 1 - PROPERTY OWNER(S)	TRACT 2 – PROPERTY OWNER(S) (if different than owner)
NAME:	NAME:
MAILING ADDRESS:	MAILING ADDRESS:
PHONE:	PHONE:
EMAIL:	EMAIL:
SURVEYOR / ENGINEER	CONTACT PERSON
COMPANY NAME:	NAME:
SURVEYOR NAME:	MAILING ADDRESS:
ADDRESS:	PHONE:
PHONE:	FAX:
FAX:	

1 <sup>ST</sup> MORTGAGE COMPANY	2 <sup>ND</sup> MORTGAGE COMPANY
COMPANY NAME:	COMPANY NAME:
CONTACT PERSON:	CONTACT PERSON:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

**Note to Applicants:** Current state law requires the full year of taxes to be paid (1st half and 2nd half) before the County Treasurer may sign the Certificate of Survey. Please contact the County Treasurer’s office at: 913-294-2353 if you have any questions about this.

**Signatures - Tract 1 Property Owners (ALL owners must sign)**

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

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

**Signatures - Tract 2 Property Owners (ALL owners must sign)**

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

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

**OFFICE USE ONLY**

Date Application Filed: \_\_\_\_\_ Date of County Surveyor’s Approval: \_\_\_\_\_

Application #: \_\_\_\_\_ Date of Staff Approval: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ Staff Name: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Date Survey Recorded: \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Recording Slide #: \_\_\_\_\_

S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ Twp. \_\_\_\_\_ Current Zoning: \_\_\_\_\_