



Town of Shelburne, Vermont

CHARTERED 1763

P.O. BOX 88 5420 SHELBURNE ROAD SHELBURNE, VT 05482

Clerk/Treasurer
(802) 985-5116

Town Manager
(802) 985-5111

Zoning & Planning
(802) 985-5118

Assessor
(802) 985-5115

Recreation
(802) 985-5110

FAX Number
(802) 985-9550

SEWER ALLOCATION APPLICATION

** Also available in alternate formats in accordance with the Americans With Disability Act.*

IMPORTANT NOTES:

***Road Names** –Selectboard approval is required for public and private road names. Applicants may request Selectboard approval for new road names with this application.

***Sewer Allocation** –\$16.31 Per Gallon Per Day. Payment of a one-time sewer allocation fee is required with this application.

DEVELOPMENT NAME, PROPERTY ADDRESS & PROPERTY MAP NUMBER

Development Name: _____
(Business name, Subdivision Name, etc.)

Property Street Address: _____

Property Map Number: _____ - _____ - _____.

PROPERTY OWNER & APPLICANT NAME

Property Owner Name: _____

***Signature:** _____
(Not Required if Authorization Letter is Submitted –See Page 2, #3 of Application)

Address: _____

Telephone: _____

Email: _____

Applicant Name (if not property owner): _____

Address: _____

Telephone: _____

Email: _____

PREVIOUS APPROVALS (check all that apply and provide approval date(s))

_____ Development Review Board: _____ (date of approval)

_____ Planning Commission: _____ (date of approval)

SUBDIVISIONS ONLY

A. Indicate Type of Use: _____ Residential _____ Commercial _____ Industrial

B. Indicate Number of Lots Requesting Capacity: _____

C. Indicate Maximum Number of Bedrooms per House: _____

ROAD NAMES ONLY Provide the proposed name of each road within the subdivision

1.) _____ 3.) _____

2.) _____ 4.) _____

Site Plan: Provide a site plan indicating the proposed roads, road names, sewer lines, service connections, profiles and other applicable information or as requested.

SEWER ALLOCATION CALCULATION (expressed in Gallons Per Day (GPD))

A. Existing Capacity (*existing building only*): _____ (GPD)

B. Required Capacity (*State Assigned –Typically 210 GPD/Residential Unit*): _____ (GPD)

=====

C. Sewer Allocation Needed (*Difference between existing and required capacity*): _____ (GPD)

SEWER ALLOCATION PERMIT
(To be Completed by Town Manager)

MEETING DATE: _____

SELECTBOARD ACTION:

____ **APPROVED*** Based upon information in the application or otherwise received from the applicant, the site is approved for _____ **gallons per day** of allocation at **Plant #** _____.

***APPROVAL CONDITIONS** (All Checked Conditions Apply): The Selectboard approved the sewer allocation as indicated above subject to the following conditions:

____ 1. The landowner and business owner(s) shall comply with all Federal, State and Local standards for sewer discharge into the municipal sewer system.

____ 2. Sufficient reserve capacity must exist at the applicable sewer treatment plant to accommodate the sewer allocation request.

____ 3. _____

____ 4. _____

NOTE: Sewer allocation approvals are valid for three (3) years from the date of approval. The Selectboard may grant extensions of up to three (3) years.

____ **DENIED:** The Selectboard denied the sewer allocation application based upon:

1. _____

2. _____

SELECTBOARD ROAD NAME ACTION:

____ **APPROVED** ____ **DENIED**

SIGNATURE: _____

Lee Krohn, Town Manager