



# 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)

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

**SEWER ALLOCATION PERMIT**  
(To be Completed by Town Manager)

**MEETING DATE:** \_\_\_\_\_

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**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. \_\_\_\_\_

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**SELECTBOARD ROAD NAME ACTION:**

\_\_\_\_ **APPROVED**                      \_\_\_\_ **DENIED**

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**SIGNATURE:** \_\_\_\_\_  
**Matthew Lawless, Town Manager**