

Application Date ___/___/___

Permit Number _____

Town of Shelburne, Vermont Application for Subdivision

(Sketch Plan, Final Plan, Boundary Line Adjust)

- Contact the Planning and Zoning office with any questions. 264-5032 or 264-5033
- Applicants applying for Sketch Plan Review are required to schedule a pre-filing conference with Planning Staff.
- **Please complete corresponding project questions and plan checklist. These documents + the payment of fees are necessary to be considered a complete application.**

A

Parcel Tax-Map #: _____

Property Address : _____

Owner: _____

Owner Address: _____

Owner Phone: (preferred phone #) _____

Owner Email: _____

Applicants Name: _____

Applicants Address: _____

Applicant Phone (preferred phone #) _____

Applicant Email: _____

B

Application Type (please check which application you are applying for)

Sketch Plan Final Plan Boundary Line

(Please note you will need to fill out corresponding questions and checklists)

C

Description Please provide or attach a basic description of project

D

Office Use Only

Total Fees: _____ Check # _____ Date Pd ___/___/___

Approved Rejected Date ___/___/___

DRB Hearing: _____

E

Signature of Applicant: _____
Date _____

Signature of Owner: _____
(if different from applicant) Date _____

F

Project Questions:

Infrastructure:

Is the proposed project served by:

 a public road

 public water service

 public sewer service

Impervious Surface:

How much impervious surface area will be added?:

Developable Land

How much land on subject property meets the definition of developable land found in Section 2110.36 of the Shelburne Bylaws? (this must also be delineated on the provided plans)

Does the project propose: (check all applicable)

 single family lots only

 multi family housing

 elderly housing

 PUD

 PUD-R (in rural district)

 commercial use only

 industrial use only

PLEASE COMPLETE CORRESPONDING PROJECT QUESTIONS AND CHECKLIST

SUBDIVISION APPLICATION

NAMES AND ADDRESSES OF ADJOINING PROPERTY OWNERS

A list of list of current adjoining and cross-street property owners " must be submitted in conjunction with this application, along with a set of stamped and addressed envelopes including one for each adjoining and cross-street property.

Adjoiner 1

Name _____

Address _____

City _____

State _____ Zip _____

Adjoiner 5

Name _____

Address _____

City _____

State _____ Zip _____

Adjoiner 2

Name _____

Address _____

City _____

State _____ Zip _____

Adjoiner 6

Name _____

Address _____

City _____

State _____ Zip _____

Adjoiner 3

Name _____

Address _____

City _____

State _____ Zip _____

Adjoiner 7

Name _____

Address _____

City _____

State _____ Zip _____

Adjoiner 4

Name _____

Address _____

City _____

State _____ Zip _____

Adjoiner 8

Name _____

Address _____

City _____

State _____ Zip _____

Use additional copies of this form as required ...