



# APPLICATION TO PLANNING COMMISSION &/OR ZONING BOARD OF ADJUSTMENT

PLEASE COMPLETE ALL ITEMS APPLICABLE AND PROVIDE THE CORRECT NUMBER OF COPIES OF THIS APPLICATION AND THE SITE PLAN OR SUBDIVISION PLAT. ABUTTING LANDOWNERS WILL BE NOTIFIED BY THE PLANNING/ZONING OFFICE.

1. NAME & ADDRESS OF RECORD OWNER(S) \_\_\_\_\_  
\_\_\_\_\_

Deed Recorded Book \_\_\_\_\_ Page \_\_\_\_\_ (Available at Town Clerk's Office)

Telephone: Work \_\_\_\_\_ Cell \_\_\_\_\_ Email Address: \_\_\_\_\_

2. NAME & ADDRESS OF APPLICANTS(S) \_\_\_\_\_  
\_\_\_\_\_

Telephone: Work \_\_\_\_\_ Cell \_\_\_\_\_ Email Address: \_\_\_\_\_

3. NAME & ADDRESS OF APPLICANTS' CONSULTANT \_\_\_\_\_  
\_\_\_\_\_

Telephone: Work \_\_\_\_\_ Cell \_\_\_\_\_ Email Address: \_\_\_\_\_

4. PROJECT LOCATION \_\_\_\_\_

5. PRESENT USE OF PROPERTY \_\_\_\_\_

6. BRIEFLY DESCRIBE PROJECT (in addition, a detailed narrative must be submitted)

\_\_\_\_\_  
\_\_\_\_\_

7. PROJECT SIZE IN SQ. FT OR ACREAGE \_\_\_\_\_

Lot Width \_\_\_\_\_ Lot Depth \_\_\_\_\_

8. IS PROJECT ON TOWN WATER/SEWER? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, estimated

Water Consumption/day \_\_\_\_\_ Amount of Sewer Flow Projected \_\_\_\_\_

Size of Closest Lines Above (water) \_\_\_\_\_ (sewer) \_\_\_\_\_

9. DESCRIBE LANDSCAPING PLAN \_\_\_\_\_  
\_\_\_\_\_

10. IF A BUSINESS - Present # of Employees \_\_\_\_\_

Proposed Days & Hours of Operation \_\_\_\_\_

Will you use the landfill & recycling center? Yes \_\_\_\_\_ No \_\_\_\_\_

The main waste by-product of your business is: \_\_\_\_\_

- 11. **IF A RESTAURANT** - Present seating \_\_\_\_\_ Proposed \_\_\_\_\_
- 12. **PARKING SPACES** - Number to be provided \_\_\_\_\_
- 13. **SIGNAGE** - Free Standing \_\_\_\_\_ Attached \_\_\_\_\_
- 14. **FENCING** – Location \_\_\_\_\_ Height \_\_\_\_\_
- 15. **NEAREST WATER SUPPLY FOR FIREPROTECTION** \_\_\_\_\_
- 16. **ESTIMATED VALUE OF PROPOSED WORK** \_\_\_\_\_
- 17. **IS THERE AN EXISTING DRIVEWAY?** \_\_\_\_\_
- 18. **IF A SUBDIVISION** - Number of New Lots to be Created \_\_\_\_\_  
 Do you request that the Town consider taking over maintenance of – Roads \_\_\_\_\_  
 Or Park/Open Space \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.** (This certification must be signed by lot owners and applicants).

\_\_\_\_\_  
Applicant's Signature                                                  Date

\_\_\_\_\_  
Lot Owner's Signature                                                  Date

\_\_\_\_\_  
Co-Applicant's Signature                                                  Date

\_\_\_\_\_  
Co-Owner's Signature                                                  Date

The applicant retains the obligation to identify, apply for, and obtain any relevant local or state permits before any construction may commence. Please call 802-282-6488 to speak with the State Permit Specialist.

<b>For Office Use Only</b>		
Map/Lot #		
Fee Paid \$:		Receipt #:
<b>PC:</b> Site Plan	Min. Sub.	Maj. Sub.
PD	PD Amend.	Other
<b>ZBA:</b> Conditional Use	Variance	Appeal
Other		
<b>Zoning District (s)</b>		Date Filed:
<b>Official Submittal Date:</b>		