

TOWN OF STRATTON
Application for a Subdivision Permit

Parcel # _____

Permit # _____

Land Owner's name and address: _____ Phone: _____

_____ Email: _____

Location of Property: _____ Zone: _____

Name of Applicant: _____ Owner Purchase and Sale Agent

Mailing Address: _____ Existing Town Permits: _____

_____ State _____ Zip _____ Phone _____ Email: _____

List existing structures, ROWs, drives and parking (some may be waived): _____

Current Use: _____ Lot size (acres): _____ Road frontage (feet): _____ Proposed Number of Lots: _____

Proposes Use: Residential Mobile Home Commercial Industrial Professional Recreation Agriculture

Subdivision Description: (Lot number from plan, road frontage and length of new roads) _____

_____ Attach more sheets if needed.

Attach info (if applicable) for: Administrative subdivision Sketch Review Subdivision Minor Subdivision Major Subdivision

Building(s) dimensions Appropriately detailed Site Plans Abutter(s) List Sign details Road Construction Details Stormwater

management details ANR letter(s) Traffic Circulation Selectboard Curb Cut Stratton Health Permit Selectboard Development

Agreement Other

SUBDIVISION APPLICATION FEE

Recording fee \$10.00 per page: _____

\$50.00 per lot (minor) or \$250.00 per lot (major) _____

TOTAL FEE _____

INCOMPLETE APPLICATIONS WILL NOT BE ACTED UPON

THE APPLICANT IS RESPONSIBLE FOR OBTAINING ALL PERMITS PRIOR TO DEVELOPMENT

See the Zoning Administrator, Health Officer, Town Clerk and Vermont State Permit Specialist for more information.

I swear under the pains and penalties of perjury that all information submitted with this application is true to the best of my knowledge and belief.

Applicants' or authorized Agent's signature: _____ Date _____

Landowner(s)' Signature(s): Print Name(s) _____ Date _____

FOR USE BY ADMINISTRATIVE OFFICER

Date Received: _____ Amount Fee Received _____ 5 copies of the application are complete for review
under: Administrative Subdivision Sketch Review Minor Subdivision major Subdivision Incomplete Application

List of Missing Information: _____ Date application returned to applicant: _____

Application waiver(s) granted List: _____

Approved/Incomplete (circle one)

ROUTING

Subdivision Date(s) of Hearing: Sketch Review: _____ Preliminary _____ Final Plat: _____

Subdivision Administrative Approval

Administrative Officer's Signature: _____ Date: _____

FINAL STATUS

Subdivision Sketch Plan Preliminary Plan Final Plan

Approved Denied Dates: _____

Date(s) Permit issued by Administrative Officer: Sketch Plan _____ Preliminary Plan _____

Administrative Officer's Signature: _____ Plat Filing Date: _____

NOTE: This document verifies that the application was approved for the review checked above. Another application must be made for each review. Upon approval of one review, the applicant may proceed with the steps necessary to acquire a final subdivision permit. The Preliminary approval will lapse within one year if the remaining steps are not completed. For Final Subdivision approvals, a mylar of the subdivision layout must be signed by the Planning Commission and filed with the Town Clerk within 90 days or the permit will not be in effect.

In addition to permit conditions the Permittee is required to follow all the conditions in Article IX and X in the Stratton Zoning Ordinance without a specific waiver in this permit.