

**TOWN OF STRATTON**  
**Application for a Subdivision Permit**

Parcel # \_\_\_\_\_

Permit # \_\_\_\_\_

Land Owner's name and address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.Email: \_\_\_\_\_

Location of Property (911 address if applicable): \_\_\_\_\_ Zone: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Owner  Agent

Mailing Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Current Use: \_\_\_\_\_

Lot size (acres): \_\_\_\_\_ Road frontage (feet): \_\_\_\_\_ Proposed Number of Lots: \_\_\_\_\_ Deed Bk/Pg \_\_\_\_\_

Proposed Use: Residential  Mobile Home  Commercial  Industrial  Professional  Recreation  Agriculture

Subdivision: Description of proposed Infrastructure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_. Attach more sheets if needed.

Attach appropriate information, as applicable (See Subdivision Regulations for required details)

**SUBDIVISION APPLICATION FEE**

Recording fee: \$10.00 per page: \_\_\_\_\_

Lot fee: \$50.00 per lot (Administrative or Minor) or \$250.00 per lot (Major) \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

(Note: Lot fees are calculated for total lots in the project, not for additional lots created.)

**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.

All information submitted with this application is true to the best of my knowledge and belief.

Applicant's or authorized Agent's signature: \_\_\_\_\_ Date \_\_\_\_\_

**FOR USE BY ADMINISTRATIVE OFFICER**

Date Received: \_\_\_\_\_ Amount of Fee Received \_\_\_\_\_

Classification of this Subdivision: Administrative  Minor  Major

Application waiver(s) granted  List: \_\_\_\_\_

The Zoning Administrator has concluded that the information required for submittal is: Complete/Incomplete  
(circle one)

Incomplete (otherwise mark N/A for not applicable):

List of Missing Information: \_\_\_\_\_ Date application returned to applicant: \_\_\_\_\_  
(List on a separate sheet if necessary – Return the incomplete application to the applicant)

Complete:

Official Submission date: \_\_\_\_\_ Zoning Administrator Signature \_\_\_\_\_

**ROUTING**

Classification: Administrative  Minor  or Major  (If Administrative, mark the remainder of this section "N/A" for not applicable.)

**Subdivision Meeting / Hearing Dates:**

Informal / Formal Sketch Plan Review: \_\_\_\_\_ Preliminary Plat Review \_\_\_\_\_ Final Plat Consideration: \_\_\_\_\_

Date of completion of Sketch Plan Review \_\_\_\_\_; Preliminary Plat Review \_\_\_\_\_ Final Plat Hearing \_\_\_\_\_

Review Process Complete:

Planning Commission Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL STATUS**

Approved  Denied

Administrative Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Following Final Subdivision approval, a Mylar of the subdivision layout must be submitted to the Town for recording within 180 days or the permit will be void unless an extension was granted.

**Please see the attached Permit Report for additional information regard this Permit, including conditions and the appeal process.**