

APPLICATION #: _____
(Assigned by the Town Clerk)

Received:

TOWN OF STRAFFORD, VERMONT
Application for Conditional Use Permit

Name of Landowner

Telephone # or Cell #

Mailing Address

Physical Address

Parcel ID#

Email

Name of Applicant if different than landowner

Telephone # or Cell #

Email

1. Location of Parcel: _____ Book _____ Page _____
(Please attach a copy of your deed).

2. Total acreage of Land: _____ Zone: _____ Current Use: _____

3. Are there any easements/restrictions or covenants on the property? _____

If yes, please explain: _____

4. Description of proposed change in use: _____

5. Have you filed a Site Plan review application: _____ Yes _____ No
A site plan review is needed to continue the Conditional Use application.

Moving forward, please refer to section 6.1.4 Conditional Use Standards of the Strafford VT Unified Bylaws dated November 16, 2023 for all requirements.

ABUTTERS: (Including those across a public right-of-way) ***Attach Additional Sheets if necessary***
 Name and mailing address of ALL abutters. Please print clearly and confirm all address are correct (or an additional fee will apply) by reviewing Listers Cards that are accessible via the Town of Strafford's Web Site <https://www.straffordvt.org/town-clerk>

1.

 Name Address City, State, Zip

2.

 Name Address City, State, Zip

3.

 Name Address City, State, Zip

4.

 Name Address City, State, Zip

5.

 Name Address City, State, Zip

6.

 Name Address City, State, Zip

7.

 Name Address City, State, Zip

8.

 Name Address City, State, Zip

9.

 Name Address City, State, Zip

10.

 Name Address City, State, Zip

I represent that all of the information provided with this application is true, correct and complete to the best of my knowledge and belief. I have a copy of the Strafford Zoning Regulations and have read the applicable sections.

 (Circle one) Landowner or Authorized Agent

 Date

 Witness

 Date

This Conditional Use Permit is ____ is not ____ Approved by the (DRB).

With the following conditions: _____

Denied/Reason: _____

Signature: _____
Chair, Strafford Development Review Board

Date: _____

Conditional Use Permit Fee \$300.00 plus recording fee

Revised 06/2023
FOR OFFICE USE ONLY: Fee \$ _____ Ck# _____ Received By: _____ Date: _____

Additional Fees: _____ Reason: _____

Received by: _____ Date: _____