

APPLICATION #: _____
(Assigned by the Town Clerk)

Received:

TOWN OF STRAFFORD, VERMONT
Application for Conditional Use Permit

Name of Landowner (Print)

Telephone # or Cell #

Mailing Address (PO Box, City, State and Zip Code)

Physical Address

Parcel ID#

Email

Name of Applicant if different than landowner (Print)

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. Is there a current septic system on the lot? _____ If yes, please provide a copy (if available) and a sketch of where it is located on the lot.

a. Approved for number of bedrooms: _____

b. Will you be increasing the usage (#of People): _____

c. Is there a source of water on the lot? _____ If yes, provide a sketch of where it is located.

d. Has an application for a State of VT Waste Water Permit been filed? _____ Permit # _____
Date Issued _____

e. Will there be special lighting? _____ Signage? _____

f. Hours of Operation (Days/Hours): _____

Continued on other side

TOWN OF STRAFFORD CONDITIONAL USE PERMIT APPLICATION

Please supply a sketch on 8 1/2 x 11" paper showing property lines and dimensions in feet for items requested above, along with the location of all driveways, all buildings and all surface water (streams, rivers, ponds, and wetlands) on the parcel.

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

TOWN OF STRAFFORD CONDITIONAL USE PERMIT APPLICATION

Page 3, For office Use Only

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

With the following conditions: _____

Denied/Reason: _____

Signature: _____
Chair, Strafford Development Review Board

Date: _____

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

Additional Fees: _____ Reason: _____

Received by: _____ Date: _____