

APPLICATION #: \_\_\_\_\_  
(Assigned by the Town Clerk)

Received:

**TOWN OF STRAFFORD, VERMONT**  
**Application for a 2 Lot Minor Subdivision**

\_\_\_\_\_  
Name of Landowner (Print)

\_\_\_\_\_  
Telephone # or Cell #

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Physical Address

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Authorized agent to be contacted (If different from above)

\_\_\_\_\_  
Telephone # or Cell #

\_\_\_\_\_  
Email

\_\_\_\_\_  
Location of Parcel: \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_  
(Please attach a copy of your deed).

Zone: \_\_\_\_\_ Total acreage of land: \_\_\_\_\_ Total Road Frontage: \_\_\_\_\_

Have you done a previous Subdivision within the last five years: Yes \_\_\_\_\_ No \_\_\_\_\_

Lot Number, Acreage for Each Proposed Lot (after Subdivision) and Proposed use for each lot:

Lot 1: \_\_\_\_\_

Lot 2: \_\_\_\_\_

Covenants, easements, and/or deed restrictions in effect: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A Preliminary Sketch must be included with this application:**

The preliminary sketch must show the following: areas that are wooded, open, wet or steeply sloped; the proposed boundaries with approximate measurements along each boundary line; acreage of each proposed subdivided lot; adjacent land owners; a small inset map showing the general location of the property in relationship to the surrounding area, with compass orientation. Also include, if applicable: the proposed layout of roads, other features, proposed construction sit(s); proposed sewage disposal site, well(s), etc.

**\*PLEASE NOTE:** State permits may be required for this project. It is the obligation of the applicant to identify and obtain necessary state permits. All permits for wastewater and potable water are State issued. To obtain information regarding permits for wastewater and potable water, contact the Agency of Natural Resources, Wastewater Management Division, at (802)476-0190. To contact the regional State Permit Specialist for the Strafford area to determine what other state permits may be required, contact the Agency of Natural Resources Permit Specialist at (802)476-0195.

**\*\*Please read regulations 7.3 before submitting an application to ensure its complete.**

Applicant has 180 days from approval to record a Mylar **and new Deed** with the town.

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 Subdivision Regulations and have read the applicable sections.

\_\_\_\_\_  
Landowner / Applicant's Signature

\_\_\_\_\_  
Date

This Subdivision is \_\_\_\_ is not \_\_\_\_ approved by the Zoning Administrator. With the following conditions:

\_\_\_\_\_  
Denied/Reason: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Strafford Zoning Administrator

Date: \_\_\_\_\_

2 Lot Subdivision Fee: \$150.00 + \$15.00 Recording Fee

FOR OFFICE USE ONLY: Fee \$ \_\_\_\_\_ Ck# \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Fee's: \_\_\_\_\_ Reason: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_