

APPLICATION #: _____
(Assigned by the Town Clerk)

Received:

TOWN OF STRAFFORD, VERMONT
Application for Site Plan Review

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

1. Project Location: 911/House # _____ Street: _____

Zone: _____ Size of the property (acres) _____ Town Highway Access Permit # _____

Is property located in a flood hazard area? Yes _____ No _____ Wetlands? Yes _____ No _____

Are there any easements/restrictions on the property? _____

Warranty Deed Reference: Book _____ Page _____ Date _____ Please attach a copy.

2. Please review the Strafford Vermont Unified Bylaw adopted November 16, 2023 under section 6.2.4 through 6.2.6 for all requirements and provide a drawing on 8 ½ X 11" paper with the submission of this application.

3. ***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.

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 addresses are correct by reviewing Listers Cards that are accessible via the Town of Strafford’s website:
<https://www.straffordvt.org/town-clerk>

1.
Name Address City, State, Zip

2.
Name Address City, State, Zip

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Name Address City, State, Zip

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Name Address City, State, Zip

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Name Address City, State, Zip

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Name Address City, State, Zip

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Name Address City, State, Zip

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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 and have read the pertinent section(s) of the Strafford Vermont Unified Bylaw adopted November 16, 2023 and have read the applicable sections.

Landowner / Applicant’s Signature

Date

For Office Use Only

This Site Plan is _____ is not _____ approved by the Strafford Development Review Board (DRB).

With the following conditions: _____

Denied/Reason: _____

Signature: _____
Chair, Strafford Development Review Board

Date: _____

Site Plan Review Fee: \$150.00

Created 2/22/2024
FOR OFFICE USE ONLY: Fee \$ _____ Ck# _____ Received By: _____ Date: _____

Additional Fee's: _____ Reason: _____

Received by: _____ Date: _____