

APPLICATION #: _____
(Assigned by the Town Clerk)

Received:

TOWN OF STRAFFORD, VERMONT
Application for 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

Cell #

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

Book _____

Page _____

Total acreage of land: _____ Proposed # of lots after subdivision: _____

Lot Number, Acreage for Each Proposed Lot (after Subdivision) and Proposed use for each lot:
Use back side of paper if more than 5 lots.

Lot 1: _____

Lot 2: _____

Lot 3: _____

Lot 4: _____

Lot 5: _____

Covenants, easements, and/or deed restrictions in effect: _____

Continued on other side

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 (or an additional fee will apply) 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

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

CLASSIFICATION:

MINOR SUBDIVISION: _____ A Minor Subdivision shall conform to all of Section 1 of the Strafford Subdivision Regulations unless specific waivers are requested and granted by the Development Review Board (DRB).

MAJOR SUBDIVISION: _____ A Major Subdivision shall conform to all of Section 3 of the Strafford Subdivision Regulations

A Preliminary Sketch must be included with this application:

Preliminary Sketch:

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 the regulations before submitting an application and before any hearing. Should there be a 2nd continuation for a 3rd hearing, an additional fee of \$150.00 must be paid before the 3rd hearing date.

Applicant has 180 days from approval to record a Mylar 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 Strafford Development Review Board (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 Fee's: _____ Reason: _____

Received by: _____ Date: _____