

APPLICATION #: _____
(Assigned by the Town Clerk)

Received:

TOWN OF STRAFFORD, VERMONT
Planned Unit Development Application

The undersigned hereby applies for a Planned unit Development Permit for the project and use described below. A permit is issued on the basis of the representations contained herein. The permit shall become null and void in the event of misrepresentation and/or not being in compliance with the State and Town laws and regulations, or failure to complete construction or initiate a use, within two (2) years of the date of approval. In the event of noncompliance, I understand that this permit may be suspended until proper approval(s) is/are granted.

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

Please complete the following permit numbers and dates issued below along with copies of all permits.

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

Parcel No: _____ Zone: _____ Driveway Permit #: _____

Is property located in a flood hazard area? Yes _____ No _____ Size of the property (acres) _____

Are there any easements/restrictions on the property? _____

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

Is there a current septic system on the lot? _____ Is there a drilled or dug well on the lot? _____

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

Date Issued _____ Please attach permit.

2. Description of proposed structure(s) and use: _____

3. How many residential units to be built?: _____
4. Dimensions of proposed first building #1 : _____ Add attachment for all other buildings using this criteria.
of stories to be built: _____ # of Bedrooms: _____ Building height above grade: _____
How many Sq Ft. will be finished space: _____
Setback from property lines: Side _____ Side _____ Rear _____
Setback from centerline of traveled way _____ Highway frontage _____
5. Please review and submit all information required under section 5.6.3 of the Strafford VT Unified Bylaw dated November 16, 2023.
6. **Best guess on completion date:** _____.

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7. 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 VT Unified Bylaw dated November 16, 2023 and have read the applicable section 5.6.
8. The drawings, data and statements, which I have included in this application, are true and correct to the best of my knowledge. The signatory, if other than the landowner, must submit a written statement from the landowner authorizing the Signatory to submit this application. By signing below, you also understand that upon completion you agree to notify and grant the Zoning Administrator permission to enter the premises to issue a **Certificate of Compliance** that will be recorded. There is a \$35.00 certificate fee, plus \$15.00 recording fee due to the town at the time of inspection.

(Circle one) Landowner or Authorized Agent

Date

Witness

Date

HEARING INFORMATION

Approved with the following conditions: _____

Hearing w/DRB Date: _____ Site Plan Review Completed: _____

Denied/Reason: _____

Date of DRB Action: Development Review Board, Chair Signature

This approval shall become effective 15 days from the date of approval: _____

PUD Fee \$700.00

Filing Fee _____ Rec'd By _____ Date: _____