

Name of Person Applying for Permit: _____

Applicant's Mailing Address: _____

Applicant's Home Phone #: _____ Applicant's Business Phone #: _____

Is the Applicant the owner of the property: _____ Yes _____ No. If "No" Then:

Name of Property Owner: _____

Property Owner's Mailing Address: _____

Owner's Home Phone #: _____ Owner's Business Phone #: _____

Permit Number:

1. What is the 911 address of the Property? _____

2. What zoning district is the property in?

North Westminster Village _____ Westminster Station _____ Residential (2acre) _____

Westminster West Village _____ Commercial _____ Rural Residential (5 acre) _____

Westminster Village _____ Industrial _____ Resource Conservation _____

3. Is your property in on of the overlay districts?

Agricultural Overlay District? Yes _____ No _____

Historic District? Yes _____ No _____

Flood Protection District? Yes _____ No _____

Ridgeline Protection District? Yes _____ No _____

If your property is in an overlay district we need additional information. Please call Town Hall for Assistance.

4. Proposed Subdivision

a. I am applying for a: _____ Major Subdivision _____ Minor Subdivision

_____ Creation of 2 lots from 1 lot

b. Number of Lots: I want to create _____ lots from my existing lot

c. I will be creating new rights-of-way in relation to this subdivision Yes _____ No _____

d. Please describe your current lot

	# of Acres	Frontage	Proposed Use

e. Please describe all proposed lots: Use additional sheets if necessary

	# of Acres	Frontage	Proposed Use
Lot 1			
Lot 2			
Lot 3			
Lot 4			
Lot 5			

Parcel Number:

5. Survey

A survey meeting the requirements of Subdivision Regulation Article V, Section 1 (for minor Subdivisions) Article V, Section 3 (for Major Subdivisions) or Zoning Ordinance Section 126 (2) (for Creation of 2 lots from 1 lot) is attached to this application. Yes _____ No _____

Please call the town hall if you need more information concerning survey requirements

6. Fees please call town hall with any questions about which fees apply to your project.

Base Fee:	\$50	\$ _____
Development Review Board	\$100	\$ _____
Surcharge for Major Subdivisions and PUD	\$50	\$ _____
Recording Fee	\$10	\$ _____

Total \$ _____

7. **Age of Parcel** This parcel was created by subdivision less than 5 years ago. _____Yes _____No

8. **Previous Subdivisions** How many subdivisions have been granted for this parcel in the last 5 years? _____

9. **Abutter Information** Please provide the following information for all parcels that border yours.

Name	Mailing Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____



Before signing your application:

- Have you answered all the questions in this application?
- Does your plot plan include all of the requested information?
- Have you provided all requested supplemental information?
- Have you included all abutter information?

To determine if a State permit is required contact:
Springfield Regional Office: (802) 885-8848 or Delores.kuhn@state.vt.us

I request a permit for the project described in the application, and grant the Town Officials permission to access my property for inspection purposes.

I understand that if I do not complete my project within the prescribed time I will need to apply for an extension or apply for a new permit.

I understand that any misrepresentation contained in this application, intentional or not, will invalidate my permit.

Applicant's Signature

Date

Land Owner's Signature

Date

YOUR RIGHT TO APPEAL

Any interested person, as defined in State Statutes, may appeal any decision of the Planning Commission or the Zoning Board of Adjustment to the Environmental Court within 30 days of such decision. Any decision of the Zoning Administrator may be appealed within 15 days of such decision.

