

3045 Theodore Roosevelt Highway Waterbury, VT 05676

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DEVELOPMENT REVIEW BOARD **VARIABLE FEES (SEE SCHEDULE)**

Date:

Revised: 11/7/13 cd

APPLICATION TO THE

E-Mail: zoning@townofboltonvt.com

Note: All information requested on this application must be completed in full and submitted to the Zoning Administrator, with required fees and attachments, at least 30 days in advance of a regularly scheduled Development Review Board meeting. Information checklists for each type of application are available at the Bolton Town Office. A request to waive one or more application requirements may be submitted in writing with the application. Failure to provide required information may result in the application being deemed incomplete by the Zoning Administrator, which may delay the development review process. **Type of Application** (*check all that apply*): Access Review (existing lots lacking frontage) Planned Unit/Planned Residential Development Preliminary Subdivision Review (Major Subdivisions) Site Plan Review Appeal of Determination Finding by the Zoning Final Subdivision Review (All Subdivisions) Administrator **Applicant Information** Owner(s) of Record (as shown on deed) Applicant(s) (if not owner) **Other Contact** Name(s) (all) Mailing Address Phone / Fax **Property Information** Warranty Deed: Location: (911 Address + Town Road / Street / Highway) (Book and Page Number - In Bolton Town Office) Tax Parcel ID #: **Zoning District(s):** (Tax Maps in Bolton Town Office) (Zoning Maps in Bolton Town Office) **Total Lot Area: Road Frontage:** (Deed / Calculated / Surveyed) (Measured along all roads) **Project Summary Information** (also attach one page project summary) Existing **Proposed Lots** (#): **Use Type(s)** (see zoning district lists): Structure(s) (#): **Road(s)** (total length in feet): Parking Spaces (#): **Building/Structure Height(s)** (feet): **Building Coverage** (sq. ft.): Lot Coverage (sq. ft.):² I solemnly swear of affirm, under pains of penalty and perjury that all statements herein, and other evidence I submit in connection with this application shall be true and correct to the best of my knowledge and belief, and that I have read and followed all instructions. **Signature of Applicant(s):** Date Received: Fee Paid: **Incomplete** – Notified Applicant Date: (Letter Attached) Administrative **Referred to Development Review** Date:

Total (combined) building footprint area.

Use Only

Zoning Administrator:

² Total (combined) area of building footprints, parking areas, and all other impervious surfaces.