TOWN OF WALLINGFORD

1-4 Lot MINOR SUBDIVISION APPLICATION

802-446-2974

75 School Street, Wallingford, Vermont 05773 Review by Zoning Administrator Fee Paid: Application #: _____ Date Application Received Name of Development Has this been subdivided in the past 10 years? If yes, when _____ by ____ # Lots _____ Act 250 # (if applicable) _____ Mailing Address: Physical Location of Property: _______ Flood Hazard Area: _Y N Wetlands: _Y N Total Acreage of parcel to be subdivided: ______ Number of Lots Proposed: _____ Acreage in Each Lot: Lot 1 (original): Lot 2: Lot 3: Lot 4:
 Road Frontage: Lot 1
 Lot 2:
 Lot 3:
 Lot 4:
Lot Depth: Lot 1 ____ Lot 2: ___ Lot 4: ____ Prior to approval, please submit the following: 1. Completed application 2. Fee (\$50 plus recording fee \$10]) 3. Plot plan on 8 ½ x 11 or 11 x 17" paper showing the following: a. lot frontage, width, depth and acreage. b. scale, name, title, location address, north point, date, site location map c. name & address of subdivider d. abutting properties and names of owners. e. easements, rights-of-way (if any), zoning district boundaries (if any). f. existing structures, water/wastewater areas. A permit from the Town of Wallingford does not automatically grant you a permit from the State of Vermont. Call the Permit Specialist at 786-5907 for assistance. Signature ZA Review (1-4 lots) Does each lot meet the requirements of the zoning district for size and other requirements? Lot 1: _____; Lot 2: _____; Lot 3: _____; Lot 4: _____ pending receipt of the following: ZA Decision: 2. Water and Wastewater plans prior to building (received _____ Approval of Septic System by State (done: Zoning Administrator: Date: _____

Revised Date: 10-18-07