

TOWN OF WALLINGFORD

5+ Lot SUBDIVISION APPLICATION

75 School Street, Wallingford, Vermont 05773

802-446-2974

5+ lots or 5+ within 10 years: Reviewed by Planning Commission

Application #: _____ Fee Paid: _____
Date Application Received _____

Attached is a list of the information required when submitting an application for a Subdivision of 5+ lots or subdivisions adding up to 5+ within 10 years. Please provide all the information requested for the appropriate Plan to avoid delays in processing your application.

Name of Development _____
Has this been subdivided in the past 10 years? If yes, when _____ by _____
Lots _____ Act 250 # (if applicable) _____

Owner/Applicant: _____ Telephone _____
(If not owner, please submit letter authorizing agent status) e-mail: _____

Mailing Address: _____

Physical Location of Property: _____

Parcel #: _____ Zoning District _____ 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: _____ Lot 2: _____ Lot 3: _____ Lot 4: _____ Lot 5: _____ Lot 6: _____
Lot 7: _____ Lot 8: _____ Lot 9: _____ Lot 10: _____ Lot 11: _____

(if more lots, please continue on reverse side of this form)

Do each of the proposed lots meet the requirements of the Zoning District? Y N (if not, please explain)

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

Sketch Plan Hearing Date: _____ Decision: _____

Warned: _____ Abutter Notifications Sent*: _____

Preliminary Plan Hearing Date: _____ Decision _____

Final Plan Hearing Date: _____ Decision _____

Conditions (see Subdivision Regulations for additional requirements):

1. Water and Wastewater Designs
2. Recordable Plot Plan within 180 days, signed by Chair of the Planning Commission
3. _____
4. _____
5. _____

Please submit the information requested on the next page with this application.

TOWN OF WALLINGFORD

75 School Street, Wallingford, VT 05773

LOT LINE ADJUSTMENT APPLICATION

802-446-2974; Fax: 802-446-3174

Application #:	Fee: \$32 (\$25+\$ 7 for recording)
Date Application Received	
Action taken (approved, denied, etc.)	Date:
Mylar Due:	File #

Name of Development _____
 Is this part of a previous subdivision? If yes, name of subdivision _____
 Zoning District _____ Flood Hazard Area: Y N

Reason for Boundary Line Adjustment: _____

To Be Completed by Owners/Applicant of Property 1

Owners/Applicant of Property 1: _____ Telephone _____
 (If not owner, please submit letter authorizing agent status)

Mailing Address: _____

Physical Location of Property: _____ Parcel #: _____

Current Acreage in Deed as Recorded: _____ Increase/Decrease to Parcel Acreage by _____

Will the new lot conform to all zoning requirements for the District? _____

Signatures _____

To Be Completed by Owners/Applicant of Property 2

Owners/Applicant of Property 2: _____ Telephone _____
 (If not owner, please submit letter authorizing agent status)

Mailing Address: _____

Physical Location of Property: _____ Parcel #: _____

Current Acreage in Deed as Recorded: _____ Increase/Decrease to Parcel Acreage by _____

Will the new lot conform to all zoning requirements for the District? _____

Signatures _____

Include the following:

- Location maps (one max 11"x17") showing the current parcels and requested lot line adjustment and how it relates to other properties and/or development.
- Show any changes in significant natural features such as woods, swales, waterways, ledges, swamps, contours.

Within 180 days of Boundary Adjustment approval, owner must submit a mylar showing date, scale, true north arrow, names of owners, abutters, acreage, accesses, easements, rights-of-way, existing and proposed development, water and wastewater locations, and other information as required and/or requested per State Statute and/or Subdivision By-Laws.