

TOWN OF WALLINGFORD

1-4 Lot MINOR SUBDIVISION APPLICATION

75 School Street, Wallingford, Vermont 05773

802-446-2974

Review by Zoning Administrator

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

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 (original): _____ Lot 2: _____ Lot 3: _____ Lot 4: _____

Road Frontage: Lot 1 _____ Lot 2: _____ Lot 3: _____ Lot 4: _____

Lot Depth: Lot 1 _____ Lot 2: _____ Lot 3: _____ Lot 4: _____

Prior to approval, please submit the following:

1. Completed application
2. Fee (\$50 plus recording fee \$¹⁵~~10~~)
3. Plot plan on 8 1/2 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: _____

ZA Decision: _____ pending receipt of the following:

1. Approved driveway access by Town or by State (received _____)
 2. Water and Wastewater plans prior to building (received _____)
- Approval of Septic System by State (done: _____)

Zoning Administrator: _____ Date: _____