



TOWN OF FAIRFIELD VT

✉ zoning@fairfieldvermont.us

☎ 802-827-3261 x3

📍 PO Box 5
Fairfield VT 05455

Minor Subdivision Application

Two Lot Subdivision / Boundary Line Adjustment Application

Owner/Applicant _____

Mailing Address _____

Phone Number _____ Email _____

Physical Address of Parcel _____

District _____ Parcel ID _____

Flood Hazard Overlay: Yes [☐] No [☐]

Does this project require a curb cut permit: Yes [☐] No [☐]

Has this property been subject to previous municipal zoning decisions placing restrictions or condition of approval on the subject of lands or has the property been subdivided within the last five (5) years? Yes [☐] No [☐] If so, please provide copies of the permit with the application.

IF THIS LAND HAS BEEN SUBDIVIDED WITHIN THE LAST FIVE (5) YEARS OF THIS APPLICATION, YOU MUST APPLY FOR A MAJOR SUBDIVISION PERMIT

Professional Advisors Information

Surveyor _____ Phone number _____

Mailing Address _____

Email Address _____

Brief description of proposal

Current lot size _____

Proposed lot size after adjustment

Lot 1 _____ Lot 2 _____

Attach two (2) copies of the survey map. **Maps must be provided at time of application.**
At minimum, the map must show all structures located on the lots, road frontages with dimensions in feet, boundary lines with dimensions in feet, current boundary lines, and adjusted boundary lines clearly marked, and acreage before AND after the subdivision / boundary line adjustment for each lot. Include and identify all water bodies and / or wetlands.

You must contact a Permit Specialist at the VT Dept. of Environmental Conservation to obtain information regarding VT State Permitting Requirements at (802) 477-2241.

Property Owner(s) Acknowledgement: As the owner of the property described above, I hereby apply for a permit to make changes in the use or undertake the development described on this for; I understand that if this application is approved, I must post notice within view from the public right-of-way most nearly adjacent to the subject property for 15 days. I understand that VT Law allows the Zoning Administrator 30 days to issue or deny a permit. The information and representations contained in the application are true and accurate to the best of my knowledge.

My signature below constitutes permission for an on-site inspection of the property described on this application by staff of the Town of Fairfield Zoning office and Listers office.

All documents regarding this activity, including revised deeds and maps, shall be recorded in the Town of Fairfield Land Records to reflect this change if approved, no later than 180 days of the date of approval. Failure to do so will null and void the results of this permit application.

Signature of Owner(s) _____ Date _____

Signature of Owner(s) _____ Date _____

FOR USE BY ADMINISTRATIVE OFFICER ONLY

PERMIT # _____ Date application filed _____

Hearing Date _____ Fee information \$170

Payment Received: Cash _____ Check _____

Date Approved _____ Date Denied _____

Appeal to Development Review Board FILED APPEAL REQUEST FORM (attach to permit)

Reason Denied _____ Date of Hearing _____

Approved (☐) Denied (☐)

Comments: _____
