



Zoning Permit

Town of Fairfield P O Box 5 Fairfield VT 05455

Zoning@fairfieldvermont.us

Office 802.827.3261 x 3

Single Lot Subdivision/Boundary Adjustment Administrative Minor Subdivision 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 (select board approval) Yes () No ()

Has this property been subject to previous municipal zoning decisions placing restrictions or conditions of approval on the subject of lands or has the property been subdivided within the last two (2) years? Yes () No () If so, please provide copies of the permit with the application

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

Professional Advisors Information

Surveyor _____ Phone _____

Mailing Address _____

Email Address _____

Brief description of proposal (include book and page number for deed(s))

Current lot size: _____

Proposed lot size after adjustment: Lot 1 _____ Lot 2 _____

Attach two (2) copies of the survey map 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 for each lot. Include and identify all water bodies or wetlands.

Questions please contact Zoning Administrator

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 Acknowledgment: As the owner of the property described above, I herby 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 this 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 activity 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 ~~\$75~~ \$130 Abutters Fee _____

Date Approved _____ Payment Received: Cash _____ Check _____

Voided if supporting documents are not submitted for recording in the land records with in 180 days of approval _____

Date Denied _____ Appeal to Development Review Board

Reason Denied _____ FILED APPEAL REQUEST FORM (attach to permit)

Signature _____ Date _____

ZA COPY () FILE () APPLICANT COPY () LISTERS COPY ()

Comments: _____