

SUBDIVISION PERMIT APPLICATION

Permit # _____

Town of Marlboro, Vermont

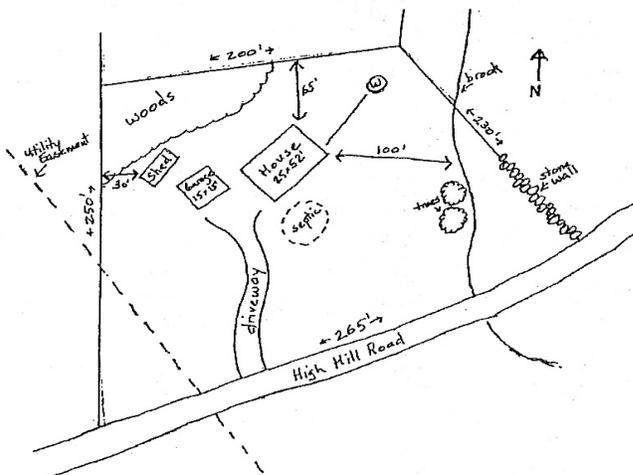
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General Information for Permit Applicants

- An application can not be processed until it is complete and accurate, and the appropriate fees have been paid.
- A complete application requires the signature of the owner(s) of record of the property **and** authorization to represent owner, if the applicant is not the owner of record.
- Any additional pages or attachments must be signed and dated by the applicant, and must include the tax map number of the parcel being developed.
- Fees must be submitted with the application. See permit fee schedule for amounts due.
- All applications for subdivision permits are acted upon by the Development Review Board (DRB). The Development Review Board (DRB) may require site visits during the processing of this application.
- The Zoning Administrator has 30 days to act after the receipt of a **complete** application [24 V.S.A. 4448(d)]. **Plan your projects with this time frame in mind.** No permitted development may be undertaken until the appeal period (15 days following the issuance of a zoning permit) has passed.
- Permit denials may be appealed to the Vermont Environmental Court. (See Section 4.6 of subdivision Regulations.)

EXAMPLE



Marlboro, Vermont Town Clerk's Office Received & Recorded	
Date _____	
Book _____	Page _____
Attest: _____	
Town Clerk	

NOTE: THIS PERMIT IS VOID IN THE EVENT OF MISREPRESENTATION. PERMITS EXPIRE ONE YEAR FROM THE EFFECTIVE DATE IF THE PROJECT HAS NOT BEEN STARTED, AND TWO YEARS FROM THE EFFECTIVE DATE IF THE PROJECT HAS NOT BEEN SUBSTANTIALLY COMPLETED.

Date Approved:

Date Posted:

Date Valid:

TAX MAP NUMBER _____ - _____ - _____

Authorization of Owner(s) of Record:

I (We) certify that all information on this document is true and accurate. I (We) authorize the Zoning Administrator to enter the property.

Signature(s)

Date

Certification of Applicant (if different):

I hereby certify that all information on this document is true and accurate, and that I am acting on behalf of the owner of record.

Signature

Date

MARLBORO OFFICIAL USE ONLY Permit # _____

Zoning Administrator	Development Review Board
Date received:	Date DRB determines application complete:
Date accepted as complete:	Date of hearing:
Fee received: \$ _____ Date: _____	
ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> REFERRED TO DRB	ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Date of action:	Date of action:
Effective date:	Date decision issued:
Expiration date:	
Inspection date:	
Notes & Conditions:	Conditions/Findings Letter: (within 45 days of hearing adjournment)
Signature:	Signature: