

**APPLICATION FOR SUBDIVISION OR BOUNDARY LINE ADJUSTMENT PERMIT
TOWN OF GREENSBORO
PO Box 119, Greensboro, VT 05841
(802) 533-2911 Fax (802) 533-2191
greensborovt zoning@yahoo.com**

FOR ADMINISTRATIVE USE ONLY

Application Number: _____ Tax Map Number _____
Zoning District _____
Date Application Received ____/____/____ Fee Paid \$ _____

Please provide all of the information requested in this application. Failure to provide all required information will delay the processing of this application. Submit the completed application and a check payable to the *Town of Greensboro* according to the attached fee schedule.

Applicant(s):

Name(s): _____
Mailing Address: _____
Telephone(s) Home: _____ Work: _____ Cell: _____
E-Mail: _____

Landowner(s) (if different from applicant(s)):

Name(s): _____
Mailing Address: _____
Telephone(s) Home: _____ Work: _____ Cell: _____
E-Mail: _____

Physical Location of Property (911 address):

Necessary Permits:

- State Septic Permits - required prior to approval _____
- State Potable Water Supply Permits - required prior to approval _____
- Site visit approval **Application cannot be approved until after site visit by the zoning administrator. Schedule site visit when completed application is submitted.** *Visit Waived* _____

Property Description:

Acreage in current lot _____

(Please Note: If your property is enrolled in the Current Use Program, your subdivision application may impact your Current Use status. Please verify your status with Vermont Property Valuation and Review, Current Use Program at 802-828-6633).

Acreage in proposed lot(s) _____

All proposed lots must meet the dimension requirements of the Zoning District in which they are located. Boundary Line Adjustments will not make complying lots nonconforming and will not increase the nonconformance of any existing lot.

Sketch or attach a general plot plan showing the following:

1. Location of property.
2. Location of buildings on property (if applicable).
3. Location of driveway (if applicable).
4. Location of well and septic system (if applicable).
5. Proposed subdivision or boundary line adjustment.

Permission to Enter Property & Applicant Certification Signatures

Signing of this application authorizes the Zoning Administrator to enter onto the premises for the purpose of verifying information presented.

The undersigned hereby certifies that the information submitted in this application regarding the above property is true, accurate and complete and that I (we) have full authority to request approval for the proposed use of the property and any proposed structures. I (we) understand that any permit will be issued in reliance of the above representations and will be automatically void if any are untrue or incorrect.

This permit is void if the development under this permit is not begun within one year of the date of approval or if construction is not completed within two years.

Construction may not be started until 15 days from the date of approval on this permit.

Signature of Applicant(s) _____ Date _____

Signature of Landowner(s) _____ Date _____

Note: Failure to develop your property in accordance with your application and any conditions of this permit may result in an enforcement action and may affect your ability to sell or transfer clear title to your property.

Appeal from a decision or act of the Zoning Administrator must be made in writing to the Development Review Board, c/o the Town Clerk's Office at the address shown above, with the appropriate fee, within 15 days of the decision or act. Failure to appeal this decision will mean that all interested persons are bound by this decision and will foreclose these persons from contesting this decision either directly or indirectly in the future. **This permit shall not take effect until the time for such appeal has passed.**

Please note that this is only a local permit and state permits may be needed for your project. Please contact the Permit Specialist at the VT Agency of Natural Resources at (802)751-0127.

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Signature _____ Remarks and/or Conditions: _____ _____