



Town of Shelburne, Vermont

CHARTERED 1763

P.O. BOX 88 5420 SHELBURNE ROAD SHELBURNE, VT 05482

Clerk/Treasurer (802) 985-5116	Town Manager (802) 985-5110	Zoning & Planning (802) 985-5118	Assessor (802) 985-5115	Recreation (802) 985-9551	FAX Number (802) 985-9550
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GENERAL INFORMATION APPLICATION

IMPORTANT NOTES:

- * **Tandem Application.** This application is designed to be used in combination with: 1. A Conditional Use Application; 2. A Variance Application; OR, 3. A Site Plan Application.
- * **Sewer Allocation-\$16.31 Per Gallon Per Day.** Selectboard approval is required for new or additional sewer allocation.
- * **ADA.** An application is available in an alternate format in accordance with the provisions of the "Americans With Disability Act" (ADA).

1. PROPERTY LOCATION, OWNER, APPLICANT & AGENT INFORMATION:

Property Location: _____
(Street Address)

Property Owner Name: _____

Address: _____

Telephone #: _____ Fax No. _____

Applicant Name: _____
(If not property owner)

Address: _____

Telephone #: _____ Fax No. _____

Agent Name: _____
(If not property owner or applicant)

Address: _____

Telephone #: _____ Fax No. _____

2. SIGNATURES:

By signing this document the land owner(s) and/or applicants acknowledge the information provided in this application and submitted in support of the application is true and correct. Property Owner Authorization Letter (*See Page 4*) is required if applicant and agent are not property owner.

3. TYPE OF REVIEW(S) REQUESTED:

Indicate the type(s) of application reviews that are requested (*check all that apply*):

- _____ a. Conditional Use Application;
- _____ b. Variance Application;
- _____ c. Site Plan Application

4. ADJACENT PROPERTY OWNERS:

(List adjacent property owners, to include property owners across roads and watercourses)

(1) Example: Mr. Joe Public 120 Pleasant Street, Shelburne, VT 05482

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

5. SITE DATA:

Zoning District: _____ Lot Area: _____

Lot Frontage: _____ Signage: _____
(List proposed signs i.e. freestanding, facade)

6. LANDSCAPING:

Describe the areas to be landscaped: _____

Height: _____ Type: _____
(Plant height at installation) (Evergreen or deciduous)

7. LIGHTING (OUTSIDE):

Describe the building areas to be lighted and the number of light fixtures proposed:

Pole Height: _____
(If pole lights are proposed)

Fixture Type: _____
(Wall mount, pole mount, etc.)

Bulb Type: _____
(Incandescent, metal halide, mercury vapor, etc.)

Footcandle: _____
(Maximum footcandles of each bulb type)

8. BUILDING AREA:

Total Building Area: _____
(Existing + New Building Area)

New Building Area: _____

Lot Coverage: _____

Building Coverage: _____

Building Height: _____

Building Setbacks: -Front _____

-Side _____ -Rear _____

9. PARKING:

(Minimum Space Size - 9' width x 18' depth)

Existing Spaces: _____

Proposed Spaces: _____

<u>Use:</u>	<u>Required Spaces:</u>	<u>Proposed Spaces:</u>
(1) Example: Retail (10,000 s.f.)	67 (1 space/150 s.f.)	67
(2) Example: Apartment	2	2
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

10. DRIVEWAY/CIRCULATION AREAS:

Describe proposed changes to Driveways and other Circulation Areas:

PROPERTY OWNER AUTHORIZATION LETTER
(Must be submitted by the Applicant if not Owner of the property)

Attn: Zoning Coordinator
Shelburne Town Offices
P.O. Box 88
Shelburne, VT 05482

Date: _____
(Insert Date)

RE: Owner Authorization Agreement for _____
List Project Name

This letter is to serve as permission for _____
List Name of Applicant or Agent

to act as the applicant or agent, to prepare and submit all documentation, and attend all meetings
pertaining to any of the attached applications:

- | | |
|----------------------------------|---------------------------------|
| 1. Conditional Use application; | 5. Subdivision application; |
| 2. Site Plan application; | 6. Design Review application; |
| 3. Variance application; | 7. Appeal application; or, |
| 4. Sewer Allocation application; | 8. Building Permit application. |

The application is requested on the property located at _____ - _____ - _____.
List Tax Map Number

Furthermore, I/we _____, owner(s),
List Name of Landowner(s)

do hereby authorize _____ to agree
List Name of Applicant or Agent

to terms and conditions which may arise as part of the approval of the application(s).

Very truly yours,

_____,
Signature of Property Owner(s)

_____,
Name of Property Owner(s) (Please Print)