

Frontage Waiver Application

Town of St. Albans
Office of Development Review Board
PO Box 37
St. Albans Bay, VT 05481
(802) 524-7589 Ext. 100
a.johnson@stalbanstown.com



Property Owner Information

Owner Name _____

Owner Address _____

Phone Number _____ Email Address _____

Representative/Applicant Information

Name _____

Address _____

Phone Number _____ Email Address _____

Property Information

Address _____

Parcel Number _____

Flood Hazard Overlay Yes No

Road Frontage _____ Acreage _____

Additional Information

Project Description: _____

Property Owner's Acknowledgement: As the owner of the property described above, I hereby apply for an 801 Waiver Approval detailed on this form. I understand that if this application is approved, I must follow any and all conditions assigned by the Development Review Board. The information and representations contained in this application are true and accurate to the best of my knowledge. My signature below constitutes permission for on-site inspection of the property described on this application.

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

Signatures of Owner(s) of record

Date

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Date

801 Waiver Application

Current Use

Features of Existing Site

Width of ROW or Easement proposed

Number of lots to be accessed by the ROW or easement

Will easements through lands of others be required? If so, provide copies of proposed easements

Is this request for lands with frontage via or on public waters? If so, please provide proof of adequate access by boat or other water transport allowing access to the site for emergency services personnel
