

Administrative 2-Lot Subdivision

Town of St. Albans
 Office of Zoning Administrator
 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 _____
 Does this project require a curb cut permit? Yes No
 Does this project require municipal water or wastewater? Yes No

Supplemental Information

Current Lot: _____
 Proposed Lots Lot 1: Lot 2:
 Has this property been subject to previous municipal zoning decisions placing restrictions or conditions of approval on the subject lands or has this property been subdivided within the last two years? if so, please provide copies of the permit with this application. Yes No

Property Owner's Acknowledgement: As the owner of the property described above, I hereby apply for a permit to make a change in the use or undertake the development described on this form. 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 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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Professional Advisors

Surveyor: _____

Mailing Address: _____

Phone Number: _____

Supplemental Documentation

- Two (2) copies of the survey map must be provided at time of application. At a 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 with dimensions in feet, current boundary lines and adjusted boundary lines clearly marked, and acreage before and after the subdivision for each lot.
- A Plat Map signed by the Zoning Administrator must be filed in accordance with State statutes. As statutory requirements change for filing documents with the Town Clerk's office, it is recommended that the subdivider consult with the Town Clerk for the proper documentation and filing requirements.
- A letter from the Agency of Transportation confirming that the Agency has reviewed the proposed subdivision and determine whether a permit is required.

----- Town Use Only -----

Application Number _____

Certificate of Compliance Required? Yes No

Application Approved
 Rejected

Permit Valid _____

Permit Expires _____

Permit # _____ Issued To _____

Date _____

Zoning Administrator

Fees

Recording Fee _____

Paid _____ (date)

Zoning Permit _____

Cash

Penalty _____

Check

Total Fee Paid _____

Card

Town Remarks/Conditions of Approval _____

**** This permit is for local approvals only. ****

Please visit <https://vermont.force.com/permitnavigator/s/> for information on State requirements.