

Application Fee

Application Number

\$ _____

AU- _____

**TOWN OF BARRE
PLANNING COMMISSION
ALLOWED USE DETERMINATION APPLICATION**

Please fill in all information requested. Failure to fill out completely may delay review. If you need assistance, please contact the Planning & Zoning Office. The Planning Commission meets every 3rd Wednesday of the month. Complete applications are due twenty-one (21) days prior to the next meeting. Please note: Additional local permits beyond town permits are required, as well as state permits may be required for proposed use. Applicant is advised to consider other permits and/or approvals that may be required. State permit specialists can be reached at 802-476-0195.

Applicant

Landowner

Name _____

Name _____

Mailing Address _____

Mailing Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

Email: _____

Email: _____

Property location _____

Parcel ID _____

Zoned _____

Provision of Zoning Ordinance in question: _____

Please describe what your request is for: _____

Please provide a narrative for each criterion as well a detailed description the proposed use. Attach statement.

1. Emergency services:
2. Water, sewer, or other municipal utility systems:
3. The character of the area affected as defined by the purpose(s) of the zone within which the project is located, and specifically stated policies and standards of the municipal plan:
4. Traffic on roads and highways in the vicinity:
5. Zoning bylaws and bylaws then in effect:
6. The impact on neighboring uses:
7. Minimum lot size:
8. Off-street parking requirements in accordance with standards outlined in Article 3, Sec. 3.9 of this bylaw:
9. Loading/unloading facilities:

SUPPORTING DOCUMENTS

Please submit with this application: Plans, elevations, landscaping diagrams, traffic circulations diagrams, neighborhood land use maps and any additional information and data required to advice the Board fully with reference to the application.

Signature: _____ / _____
Applicant Land Owner

Date: _____

OFFICE USE ONLY

Date Received: Application: ___ / ___ / ___ Plans: ___ / ___ / ___ Fee Rec'd: ___ / ___ / ___ Meeting ___ / ___ / ___
Rev: 06/28/2024