

Application Fee

\$ _____

Application Number

P- _____

**TOWN OF BARRE
DEVELOPMENT REVIEW BOARD
SUBDIVISION APPLICATION**

Subdivision Review Merger Boundary Line Adj. Other: _____

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 Development Review Board meets every 2nd Wednesday of the month. Complete applications are due twenty-one (21) days prior to the next meeting.

1. Subdivision Name _____ # of New Lots _____

2. Property location _____ Parcel ID _____ Zoned _____

<u>Applicant</u>	<u>Surveyor / Engineer</u>
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
Email _____	Email _____

4. Type of Water Supply: _____ On-Site _____ Municipal / Barre City / Fire District

5. Type of Sewer / Septic: _____ On-Site _____ Municipal

6. Are there any easements on the property? If yes, attach statement. Yes _____ No _____

7. Any interest in abutting property? If yes, attach statement Yes _____ No _____

8. Any new infrastructure to be considered for Town takeover? If yes, attach statement Yes _____ No _____

9. Any private restrictions or other restrictions proposed for inclusion in the deeds of individual lots? If yes, attach statement
Yes _____ No _____

10. Any requests for subdivision regulations requirement waivers? If yes, attach statement Yes _____ No _____

11. Any new parcels, rights of way and/or easements to be deeded to Barre Town or conditions of transfer. If yes, attach statement
Yes _____ No _____

Signature: _____

Date: _____

OFFICE USE ONLY

Date Received: Application: ___ / ___ / ___ Plans: ___ / ___ / ___ Fee Rec'd: ___ / ___ / ___

Preliminary Meeting: ___ / ___ / ___ Final Meeting ___ / ___ / ___