



**southburlington**  
PLANNING & ZONING

Permit Number MP- \_\_\_\_\_ - \_\_\_\_\_  
(office use only)

**APPLICATION FOR MASTER PLAN REVIEW**

All information requested on this application must be completed in full. Failure to provide the requested information either on this application form or on the plans will result in your application being deemed incomplete, and a delay in scheduling for the Development Review Board.

**1) OWNER OF RECORD** (Name as shown on deed, mailing address, phone and fax #)

---

---

**2) LOCATION OF LAST RECORDED DEED** (Book and page #) \_\_\_\_\_

**3) APPLICANT** (Name, mailing address, phone, fax & e-mail) \_\_\_\_\_

---

---

**4) APPLICANT'S LEGAL INTEREST IN PROPERTY** (i.e. fee simple, option, etc.) \_\_\_\_\_

---

**5) CONTACT PERSON** (Name, mailing address, phone, fax and e-mail) \_\_\_\_\_

---

**5a) CONTACT EMAIL ADDRESS:** \_\_\_\_\_

**6) PROJECT STREET ADDRESS:** \_\_\_\_\_

**7) TAX PARCEL ID #** (may be obtained online or at the Assessor's Office): \_\_\_\_\_

**8) PROJECT DESCRIPTION:**

a) General project description (explain what you want approval for):

---

---

---

b) Existing uses on property (please describe sizes of each separate use, if applicable)

---

---

---

c) Proposed uses on property (please describe the size or number of units and nature of proposed uses)

---

---

---

d) Maximum total number of residential units and/or square footage of uses to be developed, including any existing units and/or uses to remain: \_\_\_\_\_

---

---

e) Maximum proposed building height (if applicable) \_\_\_\_\_

f) Proposed phasing (please describe the number of total phases and, if applicable at this time, the number of units or square feet of uses to be proposed in the first phase): \_\_\_\_\_

---

---

---

**9) MASTER PLAN UMBRELLA CRITERIA**

a) Total acreage of involved property(ies) \_\_\_\_\_

b) Total acreage of first phase for development (if known at this time) \_\_\_\_\_

c) Total number of residential units and/or sq ft of all uses requested \_\_\_\_\_

---

---

---

d) Existing impervious coverage, entire site (sq ft and %) \_\_\_\_\_

e) Maximum proposed impervious coverage, entire site (sq ft and %) \_\_\_\_\_

f) Maximum existing building coverage, entire site (sq ft and %) \_\_\_\_\_

g) Maximum proposed building coverage, entire site (sq ft and %) \_\_\_\_\_

h) Estimated number of existing PM peak hour vehicle trip ends \_\_\_\_\_

i) Maximum proposed number of PM peak house vehicle trip ends \_\_\_\_\_

j) Existing or proposed encumbrances on property (easements, covenants, leases, rights of way, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

k) Proposed extension, relocation or modification of municipal facilities (sanitary, sewer, water supply, streets, stormwater, etc.) – please describe briefly \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10) ESTIMATED FINAL PROJECT COMPLETION YEAR** \_\_\_\_\_

**11) PLANS AND FEE**

Please submit plans showing the information listed in Section 15.07(C)(3) of the Land Development Regulations. Three (3) full-sized, one reduced size copy (11x17), and one digital (PDF-format) copy of the plans must be submitted. Application fee must be included with the application.

**NOTE: NOTIFICATION of ADJOINING PROPERTY OWNERS:** Notification of adjoining property owners, in accordance with 24 V.S.A. §4464(a) and Section 17.06(B) of the South Burlington Land Development Regulations, is the responsibility of the applicant. After deeming an application complete, the Administrative Officer will provide the applicant with a draft meeting agendas or public hearing notice and sample certificate of service. The sworn certificate of service shall be returned to the City prior to the start of any public hearing.

I hereby certify that all the information request as part of this application has been submitted and is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
**Please do not write below this line**

DATE OF SUBMISSION \_\_\_\_\_

I have reviewed this application and find it to be:

COMPLETE       INCOMPLETE

\_\_\_\_\_  
Administrative Officer

\_\_\_\_\_  
Date

*The applicant or permittee retains the obligation to identify, apply for, and obtain relevant state permits for this project. Call (802) 879-5676 to speak with the regional Permit Specialist.*