



southburlington
PLANNING & ZONING

Permit Number SD- _____ - _____
(office use only)

APPLICATION FOR SUBDIVISION SKETCH 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 rejected and a delay in the review before the Development Review Board. For amendments, please provide pertinent information only.

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

2) LOCATION OF LAST RECORDED DEED(S) (Book and page #) _____

3) APPLICANT (Name, mailing address, phone and fax #) _____

4) APPLICANT'S LEGAL INTEREST IN THE PROPERTY (fee simple, option, etc.) _____

5) CONTACT PERSON (Name, mailing address, phone and fax #) _____

5a) CONTACT EMAIL ADDRESS _____

6) PROJECT STREET ADDRESS: _____

7) TAX PARCEL ID # (can be obtained at Assessor's Office) _____

8) PROJECT DESCRIPTION

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

b) Existing Uses on Property (including description and size of each separate use) _____

c) Proposed Uses on property (include description and size of each new use and existing uses to remain)

d) Total building square footage on property (proposed buildings and existing buildings to remain)

e) Proposed height of building (if applicable) _____

f) Number of residential units (if applicable, new units and existing units to remain) _____

g) Other (list any other information pertinent to this application not specifically requested above, please note if Overlay Districts are applicable) _____

9) LOT COVERAGE

a) Building: Existing _____ % Proposed _____ %

b) Overall (building, parking, outside storage, etc)
Existing _____ % Proposed _____ %

c) Front yard (along each street) Existing _____ % Proposed _____ %

10) TYPE OF EXISTING OR PROPOSED ENCUMBRANCES ON PROPERTY (easements, covenants, leases, rights of way, etc.) _____
