



southburlington
PLANNING & ZONING

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

**APPLICATION FOR SUBDIVISION SKETCH PLAN REVIEW
SOUTHEAST QUADRANT**

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) Total parcel size(s)_____

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

9) 9a: SEQ SUBDISTRICT (identify in each)

	Acreage	Units Existing	Units proposed
NRP	_____	_____	_____
NRT	_____	_____	_____
NR / NRN	_____	_____	_____
VR	_____	_____	_____
VC	_____	_____	_____

9b: Are Transfer of Development Rights (TDRs) being utilized? _____

If yes, please identify how many and from which parcel (street address)

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

11) LOT COVERAGE

- a) Building: Existing _____ % Proposed _____ %
- b) Overall (building, parking, outside storage, etc) Existing _____ % Proposed _____ %
- c) Front yard (along each street) Existing _____ % Proposed _____ %

12) PROPOSED EXTENSION, RELOCATION, OR MODIFICATION OF MUNICIPAL FACILITIES (sanitary sewer, water supply, streets, storm drainage, etc.) _____

13) ESTIMATED PROJECT COMPLETION DATE _____

14) PLANS AND FEE

Plat plans shall be submitted which shows the information required by the City’s Land Development Regulations. Three (3) regular size copies, one reduced copy (11" x 17"), and one digital (PDF-format) copy of the plans must be submitted. The application fee shall be paid to the City at the time of submitting the application. See the City fee schedule for details.

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 requested as part of this application has been submitted and is accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

SIGNATURE OF PROPERTY OWNER

Do not write below this line

DATE OF SUBMISSION: _____

I have reviewed this sketch plan 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.