Town of Sharon, Vermont Application for Subdivision Permit

Name of Property Owner(s):	
Mailing Address:	
Contact Info: Telephone:	Email:
	or Agent:nplete the Representative Form on page 3.)
Contact Info: Telephone:	Email:
E911 Address or location of property	ty to be subdivided:
Town Parcel Number (from the Gran	and List)
Deed (book and page numbers):	
Name of Engineer:	
Name of Surveyor:	
Name of Attorney:	
	ames and mailing addresses of all owners of an additional sheet of paper if necessary.

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Location of parcel to be subdivided:					
(Please attach location map and map of parcel(s) to be subdivided.)					
Number of lots to be created by subdivision:					
Size and designation of each lot:					
Roads and Access Please attach highway access permit. No subdivision can be approved without road access. Access permits are obtained from the Selectboard or from the VT Agency of Transportation.					
Use of existing road:					
Extension of existing road:					
Construction of new road or driveway(s):					
Number of new roads or accesses:					
Location(s):					
Length:					
Number of buildings to be served:					
Types of buildings to be served					
Through-road or dead end?					
Grade (slope)					
Type of construction					
Will the Town be asked to take over the road?					
Division of land for lease? Yes/No:					
Division of land for building? Yes/No:					
Number of proposed building lots:					
Number of proposed buildings:					
Type of buildings (residential/commercial):Proposed use of buildings:					
Does this subdivision require approval under the requirements of: Act 250					
Act 249 Subdivision Regulations					
Water Resources					
Mobile Home Regulations					
Public Buildings					

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Note: If any of the above are required, copies of relevant state permits must be submitted with this application.

Easements and covenants: If there are opertaining to the property to be subdivisible application. Easements may not be acceptance by the Selectboard.	easements, covenants or other encumbrances ided, please explain below and attach copies to e granted to the Town of Sharon without		
The information provided above is true Applicant(s) understand that any misre approval to be null and void.	e to the best of my knowledge. I/we as epresentation on this application will cause		
Applicant Print name	_ Co-Applicant Print Name _ Co-Applicant		
Signature Date :	Signature Date:		
Representative (print name)			
Representative (signature)	Date:		
************	***************		
Repre	esentative Form		
I certify that I have authorized of	(name or names)		
(address)			
to act as my representative in this subdivision	on application procedure.		
(signature of applicant)	Date Date		
(signature of representative)			
***************	************		

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For Planning Commission Use Only

Application Sur	mmary: Applicants:			
Subdivision of F	Parcel No		_ into	lots.
	nd acreages:			
Planning Comm	nission Action:	<u>DATE</u>		
Initial Review C	Completed:			
Preliminary Review Completed:				
Final Review &	Public Hearing:			
Approved	Denied			
Approved with	conditions			
Conditions:				
		1 /747		
Returned for cla	rification/Continued	d/Waiver(s)		
Remarks:				
Signatures of P	lanning Commission	n members and	indication of the	eir votes (Y/N).

NOTICE: This decision may be appealed to the Vermont Environmental Court by an interested person who participated in the proceeding(s) before the Planning Commission. Such appeal must be taken within 30 days of the date of this decision, pursuant to 24 V.S.A. § 4471 and Rule 5(b) of the Vermont Rules for Environmental Court Proceedings.