

Town of Moretown, Vermont ♦ Development Review Board Application

Moretown Town Office ♦ 79 School Street ♦ Moretown, VT 05660

Zoning and Planning Administrator: 802-882-8237 ♦ Town Clerk: 802-882-8218

Property owner(s) _____ Phone: _____

Property owner's mailing address _____

Applicant _____ Phone: _____

Applicant's mailing address _____

Physical location of property (911 address) _____

Parcel ID number _____

Proposed development or conditional use requested:

<p>Check one:</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Other: _____</p>	<p>Check all that apply:</p> <table><tr><td><input type="checkbox"/> Setback waiver</td><td><input type="checkbox"/> Subdivision</td></tr><tr><td><input type="checkbox"/> Variance</td><td></td></tr><tr><td><input type="checkbox"/> Stream setback waiver</td><td><input type="checkbox"/> Change to a non-complying structure or non-conforming use</td></tr><tr><td><input type="checkbox"/> Accessory apartment</td><td><input type="checkbox"/> Other conditional use: _____</td></tr><tr><td><input type="checkbox"/> Home occupation</td><td>_____</td></tr><tr><td><input type="checkbox"/> Appeal to board decision</td><td>_____</td></tr></table>	<input type="checkbox"/> Setback waiver	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Variance		<input type="checkbox"/> Stream setback waiver	<input type="checkbox"/> Change to a non-complying structure or non-conforming use	<input type="checkbox"/> Accessory apartment	<input type="checkbox"/> Other conditional use: _____	<input type="checkbox"/> Home occupation	_____	<input type="checkbox"/> Appeal to board decision	_____
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<input type="checkbox"/> Appeal to board decision	_____												

Describe the type of structure involved in this application: _____

Is the structure involved in this application new or existing: _____

Describe the proposed use of the structure: _____

Lot size: _____ acres Number of building(s) presently on site: _____

Square footage of proposed use: _____

Please include the materials listed on the back of this form with this application.

I hereby represent, that to the best of my knowledge, the information provided in this application is true and correct.

Owner's signature (required)

Date

Applicant's signature

Date

Office use only

Permit number _____

Action:

Date received _____

Approved

Date _____

Date permit is valid _____

Fee paid _____

Denied

Date _____

Date permit expires _____

Zoning district _____

Referred to DRB

Date _____

Flood Hazard Zone _____

Related applications _____

Applicable ordinance sections:

Date of DRB hearing _____

Date of Notice of Decision _____

Zoning Administrator's signature _____

Notes:

