TOWN OF CABOT

Application to the Development Review Board

	All Informa	ii information is required for application approval									
Applicant Name			Parcel ID#								
Applicant Mailing Address			Landowner Name	Landowner Name							
Applicant Phone Number a	nd/or Email		Landowner Mailing Address								
Physical Location of Proper	ty (E-911 Address)		Landowner Phone N	Landowner Phone Number and/or Email							
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		Type of	Application								
Type of Application A general plot plan showing the location of the property and buildings, building elevations, landscaping, diagrams, traffic											
circulation, parking, site lighting, maps and any other documents or data required by the board to review the application must											
be attached to the application. Please provide duplicate copies if submitting to both the Planning Commission and the DRB											
Zoning District Project description and or reason for appeal, attach additional sheets if needed											
Application for a subdivision											
Appeal from decision of administrative officer											
Application for a conditional use permit											
Applicatio	n for a variance										
The undersigned hereby requests a Permit for the following use to be issued on the basis of the representations											
contained herein. The Permit is void in the event of misrepresentation or failure to undertake construction within one											
year of the date of approval. The board has forty-five days to issue findings after the closing of testimony.											
This area											
This application must be signed by the Landowner and submitted with a fee of \$125.00											
The applicant or permittee retains the obligation to identify and apply for and obtain all other required permits and relevant state permits for this project. Call (802) 505-5367 to speak to the State regional permit specialist											
				ne state regional permit specialist							
Appeal No.	Date		Signature of Landow	ner							
FOR USE BY ADMINISTRATIVE OFFICE ONLY											
Fee Paid \$	Date Received	Date Complet		evelopment Review Board							
			Date								
Approved Denied Reason for Denial											
Signed			Date	Application No.							

Questions? Please call the Cabot Zoning Administrator at 802-563-3139 or Town Clerk's Office at 802-563-2279. Town of Cabot, PO Box 36, Cabot, Vermont 05647

The plan submitted should include

- all buildings including area of each and square footage for each proposed use
- all parking spaces which must be 9' x 18' and spaces for each use (see section 3.6 of zoning)
- lot lines and setbacks to buildings
- all landscaping existing and proposed
- all screening existing and proposed
- traffic flow and access to the road include circulation patterns

Project sketch, please indicate distances to property lines, building dimensions and location of utilities, driveway access, water, septic and other structures and features on the site.								
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