

Subdivision Permit Application
Town of Brandon, Vermont

File Number: _____

Name of Property Owner: _____

Property Owner's Mailing Address: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Fax Number: () _____ - _____

E-Mail Address _____ @ _____

Name of Applicant (if different from Property Owner): _____

Relationship of Applicant to Owner: _____

Applicant's Mailing Address: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Fax Number: () _____ - _____

E-Mail Address _____ @ _____

Physical Address of Property: _____

Pre-Subdivision Property Size (in Acres): _____

Number of lots, including the resized original parcel(s), that will result from this proposal: _____

Number of lots created from the original parcel in the last five years, including the lots being created at this time: _____

Do you plan to create additional lots from this parcel in the future? _____

If this subdivision is approved, do you plan to develop it? _____

If you responded "Yes" to the question above, you must also file a Land Use Application when you are ready to begin such development.

Do you plan to utilize cluster development in any subsequent development? _____

Do you plan to dedicate any portion of this parcel as never-to-be-developed open space or common land? _____

Please attach a map showing the original lot and the proposed new boundaries and dimensions (including acreage).

Note: If this permit is approved, please be advised that you will have 180 days from the date of approval to deliver to the Brandon Town Clerk a survey map of the subdivision on mylar with two paper copies for recording in the Brandon Town Records.

I hereby certify that the information in this Land Use Application is accurate and complete.

Signed: _____ (Applicant)

Date: _____

File Number _____

Office Use Only

Date Application Received _____

Fee of \$ _____ paid.

Tax Map Number _____

Parcel ID Number _____

Zoning District _____