

Site Plan Review

Town of Greensboro

PO Box 119, Greensboro, VT 05841

(802) 533-2640 Fax (802) 533-2191

zoning@greensborovt.org

For Administrative Use Only

Application Number: _____

Tax Map Number _____

Zoning District _____

Date Application Received ____/____/____

Fee Paid \$ _____

Please provide all of the information requested in this application. Failure to provide all required information will delay the processing of this application. Submit the completed application and a check payable to *The Town of Greensboro*.

Applicant(s):

Name(s): _____

Mailing Address: _____

Telephone(s) Home: _____ Work: _____ Cell: _____

E-Mail: _____

Landowner(s) (if different from applicant(s)):

Name(s): _____

Mailing Address: _____

Telephone(s) Home: _____ Work: _____ Cell: _____

E-Mail: _____

Physical Location of Property (911 Address):

Two sets of site plan maps must be submitted. These maps must include all of the following information:

- Name and address of the person or the firm preparing the map, scale of the map, north point, and the date.
- Map of the property showing existing features, including contours, structures, large trees, streets, utility easements, rights-of-way, land use and deed restrictions.
- Site plan showing proposed structure locations and land use areas; driveways, traffic circulation, parking and loading spaces and pedestrian walks; landscaping plans, including site grading, landscape design and screening.

Maps Received by Development Review Board (DRB) on : _____

4. Please describe the proposed landscaping design for the project and any screening which would be provided for neighbors.

5. Please describe any proposed exterior lighting plans. Include any pertinent information such as location, intensity and hours of operation, etc.

Permission to Enter Property & Applicant Certification Signatures

Signing of this application authorizes the Zoning Administrator to enter onto the premises for the purpose of verifying information presented.

The undersigned hereby certifies that the information submitted in this application regarding the above property is true, accurate and complete and that I (we) have full authority to request approval for the proposed use of the property and any proposed structures. I (We) understand that any permit will be issued in reliance of the above representations and will be automatically void if any are untrue or incorrect.

This permit is void if the development under this permit is not begun within one year of the date of approval or if construction is not completed within two years.

Construction may not be started until 15 days from the date of approval on this permit.

Signature of Applicant(s) _____ Date _____

Signature of Landowner(s) _____ Date _____

Note: Failure to develop your property in accordance with your application and any conditions of this permit may result in an enforcement action and may affect your ability to sell or transfer clear title to your property.

Appeal from a decision or act of the Zoning Administrator must be made in writing to the Development Review Board, c/o the Town Clerk's Office at the address shown above, with the appropriate fee, within 15 days of the decision or act. Failure to appeal this decision will mean that all interested persons are bound by this decision and will foreclose these persons from contesting this decision either directly or indirectly in the future. This permit shall not take effect until the time for such appeal has passed.

Please note that this is only a local permit and state permits may be needed for your project. Please contact the Permit Specialist at the VT Agency of Natural Resources at (802) 751-0127.

FOR ADMINISTRATIVE USE ONLY

() Approved () Denied () Referred to Development Review Board

Date _____ Signature _____

Remarks and/or Conditions: _____

Date of Approval or Denial by Development Review Board: _____