

PLANNING AND ZONING APPLICATION

Town of Essex, Community Development Department
81 Main Street, Essex Jct., VT 05452 (802) 878-1343
www.essex.org

1. PROJECT REVIEW INFORMATION

The undersigned hereby applies to appear before the Planning Commission and / or Zoning Board of Adjustment for the following:

OFFICE USE ONLY

	Fee Paid	Date
___ (ZBA) CONDITIONAL USE	\$ _____	___ / ___ / ___
___ (ZBA) HOME OCCUPATION	\$ _____	___ / ___ / ___
___ (ZBA) VARIANCE	\$ _____	___ / ___ / ___
___ (PC) SITE PLAN	\$ _____	___ / ___ / ___
___ (PC) SITE PLAN AMENDMENT	\$ _____	___ / ___ / ___
___ (PC) CONSENT AGENDA	\$ _____	___ / ___ / ___
___ (PC) SUBDIVISION	\$ _____	___ / ___ / ___
___ (PC) FINAL PLAN AMENDMENT	\$ _____	___ / ___ / ___
___ OTHER _____	\$ _____	___ / ___ / ___

2. APPLICANT / LANDOWNER INFORMATION

Applicant(s) Name(s): _____

Address: _____

Phone (office): _____ Home: _____ Cell: _____

Email: _____ Fax: _____

Landowner Name: _____

Address: _____

Phone (office): _____ Home: _____ Cell: _____

Email: _____ Fax: _____

3. CONSULTANT INFORMATION

Civil Engineer or Certified Land Surveyor

Other (Architect / Hydrologist)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (office) _____ (home) _____
(cell) _____ (fax) _____

Phone: (office) _____ (home) _____
(cell) _____ (fax) _____

Email: _____

Email: _____

PRIMARY CONTACT PERSON FOR THIS APPLICATION _____

4. PROJECT INFORMATION

PROVIDE A DETAILED DESCRIPTION WITH THIS APPLICATION

Project Address : _____

TAX MAP _____ TAX PARCEL _____ TAX LOT _____ ZONING DISTRICT _____
(found in Town Assessor's Office)

LAND RECORDS VOLUME _____ , PAGE _____
(found in Town Clerk's Office)

Type of Use: _____ Total Acreage of Parcel: _____ Proposed acreage: _____

Number of units / lots (**include all subdivided lots within the last ten years, including lots to be retained**): _____ Square feet: _____

5. SUBMISSION REQUIREMENTS

One copy of a detailed written description to include answers to criteria in Regulations and Checklist specific to application; Three (3) full size sets of plans and 4 -11x17 size, **plus email .pdf's of the plans, a CAD file (see attached for specifications), and a narrative in Word to skelley@essex.org and dstoneback@essex.org**; an abutter's list including **3 sets of mailing labels**. Your application(s) will not be set for a hearing date until all required information / documentation / plans / abutters / fees are submitted as a package and determined **COMPLETE** by Staff. Outstanding issues may delay an appearance before the Board or Commission.

Refer to fee schedule to determine the fee for application submittal. Make checks payable to the Town of Essex.

6. SIGNATURES

I / We have read and understand this application. All information in this application is true and correct to the best of my / our knowledge.

Land Owner Signature Date

Applicant / Agent Signature Date