

Development Review Board Application

Town of Starksboro

P.O. Box 91, Starksboro, VT 05487

Parcel ID Number: _____ Address of property: _____

Owners of Record: _____

Phone: (day) _____ (evening) _____ Email: _____

Mailing Address: _____

Signature of Owners: _____

Applicant: _____ Phone #: _____

Mailing Address: _____

Signature of Applicants: _____

Application Type: (check only one)

- Home-based/On Farm Business (per chapter 340)
- Variance (per section 422)
- Waiver (per section 423)
- Site Plan Review (per section 424)
- Conditional Use Review (per section 425)
- Subdivision (per chapter 350 and section 426)
_____ Minor _____ Major Total # Lots _____
- Planned Unit Development (per chapter 350 and section 427)
- Change of a nonconforming/Abandonment or Discontinuance (per chapter 120)
- Appeal from decision of Zoning Administrator (per section 421)
- Other

Reason for application or appeal: _____

Specific relief requested: _____

Section of Town bylaw/regulation in question: _____

- The property owner or applicant will submit with this application the applicable fees, together with appropriate plans, diagrams, sketches, maps and/or all additional pertinent information and data as required by statute and the Town's Bylaws in reference to the above application or appeal.

Administrator/DRB use only

Application Number: _____ Zoning District: _____

Fee Paid: _____ Date Received Complete: _____

Public Notice date: ___/___/___ Final Hearing date: ___/___/___ Date of decision: ___/___/___

DRB Chair: _____ DRB Clerk/ZA: _____

Zoning office notes: _____