

**TOWN OF FERRISBURGH - PLANNING COMMISSION
SITE/SKETCH PLAN REVIEW/AMENDMENT APPLICATION**

Application number: _____

Name of Applicant: _____

Name of Owner if different from Applicant _____

Address: _____

Phone Number: _____

Phone number: _____

Signature of authorized person: _____

Parcel ID No.: _____

Zoning District: _____

Deed Reference: Volume: _____ Page: _____ Size of Parcel: _____ acres

Previous Subdivision of parcel: Permittee: _____ Date: _____ Plan # _____

Previous Site Plan Approval: Date: _____ Plan/Map # _____

Location of proposed project: _____

Description of proposed project: _____

Proposed number of parking spaces: _____ Location of parking: _____

Existing and proposed means of access to site: _____

Are there existing or proposed easements?: _____

How will sewage disposal be addressed?: _____

How will water needs be addressed?: _____

How will drainage be addressed?: _____

Is lighting proposed?: _____

Is signage proposed?: _____

Is landscaping proposed?: _____

Applicant must address appropriate items in Ferrisburgh's Zoning and Subdivision Regulations

Official use: APPLICATION RECEIVED: DATE: _____ FEE PAID: _____

DATE OF HEARING: _____