

TOWN OF FERRISBURGH
PLANNING COMMISSION
APPLICATION FOR AMENDMENT TO A SUBDIVISION

Application Number: _____

Application Fee: _____ Date paid : _____

Tax Map Parcel ID# _____ Zoning District(s): _____

Name and Address of Applicant(s) Owner name and address if different from Applicant

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Deed Reference: Book _____ Page _____ Total acreage of Parcel _____

Is Parcel Subject to Act 250? YES or NO. Act 250 Permit Number(s): _____

Application Number of original Subdivision; _____ and Reference for final Plat Mylar and date recorded: _____

Attach a written Narrative clearly describing the amendment requested.

A Complete Application shall include all relevant documentation, and a Map, based on the Tax parcel map, showing:

- 1. The Lots affected by the adjustment or amendment with location and length of all lot lines.
2. Names of owners of lots affected and adjacent parcel owners.
3. Location of existing and proposed boundaries.
4. Location of any existing or proposed buildings, wells, springs, septic systems on any affected parcel.
5. All Easements, Rights of Way, Covenants or deed restrictions.
6. Description of any proposed amendments to any wastewater system, well, ROW, easement, access or other restrictions on the original Subdivision
7. Copy of the Decision or Minutes approving the original Subdivision
8. List of all Conditions to which the original Subdivision is subject.

If one of the applicants cannot attend the Planning Commission hearing that applicant shall submit a letter approving the proposed amendment.

I/We hereby certify that the statements on the Application are correct and that WE will comply with all applicable Town, State and Federal Regulations.

SIGNATURE OF APPLICANT(S): _____ DATE: _____

SIGNATURE OF APPLICANT(S): _____ DATE: _____

Official Use:

DATE APPLICATION RECEIVED: _____ VERIFICATION OF COMPLETE APPLICATION : _____

Zoning Administrator. Date: _____

DATE OF HEARING: _____