

Permit # \_\_\_\_\_

**TOWN OF MORGAN APPLICATION FOR SUBDIVISION OF LAND**

Beth Torpey, Zoning Administrator

phone: (802) 323-3235

email: morganzoning@gmail.com

The undersigned hereby applies for a zoning permit for the subdivision of land, to be issued on the basis of the representations contained herein, all of which the applicant swears to be true.

**Applicant**

**Landowner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Provide additional landowners on next page

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Location of property: 911 # \_\_\_\_\_

Morgan Tax Map: Page # \_\_\_\_\_

Morgan Parcel # (per Grand List) \_\_\_\_\_

Deed recorded in Vol. # \_\_\_\_\_ Page # \_\_\_\_\_

Survey Map Available? Yes \_\_\_\_\_ No \_\_\_\_\_ Recorded Book # \_\_\_\_\_ Page # \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

**Decision of Administrative Officer**

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit # \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Referred to: Planning Commission \_\_\_\_\_ Board of Adjustment \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Date Appeal Period Expires: \_\_\_\_\_

**NOTE:** An interested person may appeal a decision of the Administrative Officer within fifteen (15) days of the date of such decision. This permit shall not take effect until the time for such an appeal has passed.

Signature of Administrative Officer \_\_\_\_\_ Date of Issuance \_\_\_\_\_

**Additional Landowners:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_