

Permit # _____

TOWN OF MORGAN APPLICATION FOR

(check applicable box)

SUBDIVISION OF LAND **AND/OR** **BOUNDARY LINE ADJUSTMENT**

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 # _____

Do you plan on creating a new access? Yes ___ No ___ If yes, you are agreeing to reach out to the Road Commissioner prior to doing so. Shawn Austin: 802-249-1335 or Scott Austin: 802-673-5650

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: _____

Name: _____

Address: _____

Phone number: _____

Email: _____