

MAJOR SUBDIVISION PERMIT APPLICATION

M# _____
P# _____

TOWN OF BETHEL

1. Name of Applicant _____ Daytime Phone _____
Address _____
2. Location of Proposed Subdivision _____
3. Total Acreage of Subdivision _____
4. Number of Lots of Subdivision _____
5. Anticipated Start Date of Construction _____
6. Brief Description of Proposed Subdivision: _____

7. Attach required submittals a-h (see page 2 of application)

Signature

Date

This application must be submitted to the Bethel Town Office at least 15 days prior to the Development Review Board meeting at which time it will be considered. It is the applicant's responsibility to obtain any other necessary permits from Regional or State agencies. Sub-division permits are ALSO REQUIRED by the State of Vermont.

For Completion by Town:

Fee Paid: _____

Received at the Office of the Town Manager:

District: _____

Required: Lot Size _____ Set Backs _____

Signature

Date

Development Review Board:

This application is **Acceptable** / **NOT Acceptable** to forward to Administrative Officer for permit issuance.

DRB Chairperson Signature: _____ Date: _____

PERMIT APPROVED: Your application for a subdivision permit has been approved. This form and any attachments constitutes your permit and authorizes the development described heron. **This permit shall not become effective until _____ and no development can be started before that date.** In the event this permit is appealed, it shall not take effect until such appeal is decided in your favor. Approval granted by this permit satisfies only ordinances for the Town of Bethel. It is the Applicant's responsibility to obtain any other necessary permits from Regional or State agencies.

Date

Administrative Officer