

**ZONING PERMIT APPLICATION
MINOR SUBDIVISION**

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:

Received at the Office of the Town Manager:

Fee Paid: _____

District: _____

Required: Lot Size _____ Set Backs _____

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