

Development Review Board Application

Town of Starksboro
P.O. Box 91, Starksboro, VT 05443

Parcel ID Number: _____

Address of property under review: _____

Owners of Record: _____ Phone #: _____

Mailing Address: _____

Signature of Owners: _____

Applicant: _____ Phone #: _____

Mailing Address: _____

Signature of Applicants: _____

Application Type: (check only one)

Reason for application or appeal: _____

Specific relief requested: _____

- Conditional Use** (per 24 VSA § 4407(2)* and SZ section 4.8**)
- Variance** (per 24 VSA § 4468* and SZ section 4.9**)
- Site Plan Review** (per SZ section 4.10**)
- Planned Residential Development** (per 24 VSA § 4417* and SZ section 4.11**)
- Sketch Plan Review Meeting** (per SS section 2.1***)
- Subdivision** (per SS sections 2.2 or 2.3***)
- Change of a nonconforming use** (per SZ section 2.8 and 2.9**)
- Appeal from decision of Zoning Administrator** (per 24 VSA § 4464* and SZ section 4.6**)
- Other**

Section of Town bylaw/regulation in question: _____

- The property owner or applicant will submit with this application the applicable fees, together with appropriate plans, diagrams, sketches, maps and/or all additional pertinent information and data as required by statute and the Towns bylaws in reference to the above application or appeal.

Administrator/DRB use only

Application Number: _____ Zoning District: _____

Fee Paid: _____ Date Received Complete: _____

Public Notice date: ___/___/___ Final Hearing date: ___/___/___ Date of decision: ___/___/___

DRB Chair: _____ DRB Secretary: _____

*VSA: Vermont Statutes Annotated ** SZ: Starksboro Zoning Regulations *** SS: Starksboro Subdivision Regulations

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