

**TOWN & VILLAGE OF SWANTON, VT**  
**APPLICATION FOR SITE PLAN / SUBDIVISION PERMIT**

Application No. \_\_\_\_\_ Date: \_\_\_\_\_

This application must be completed in full and submitted with the appropriate fee to the Zoning Administrator at least 20 days before any action by the Swanton Planning Commission takes place.

Applicant Name (Please Print): \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: ( ) \_\_\_\_\_; Email \_\_\_\_\_

1. LOCATION OF PROPERTY (Street Address or Identifying Landmarks). *Indicate on attached map EXACT location of project.*

2. DESCRIPTION OF TRACT (Dimensions, Acreage, Frontage, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Deed Volume: \_\_\_\_\_ Page(s) \_\_\_\_\_  
Complete Parcel ID No. \_\_\_\_\_  
Zoning District in which property is located: \_\_\_\_\_

3. ALL ABUTTING PROPERTY OWNERS (Names & Complete Mailing Addresses – Attach extra page if necessary).

4. CURRENT USE:

5. PROJECT DESCRIPTION (Attach additional pages as needed):

6. Preferred name of newly-created road/private drive (if applicable):

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Landowner Signature (if different) \_\_\_\_\_ Date \_\_\_\_\_

For Office Use

Application Fee: \_\_\_\_\_  
Sketch Plan: Date Approved/Rejected: \_\_\_\_\_  
Final Plat: Date Approved/Rejected \_\_\_\_\_  
Date Plat Recorded: \_\_\_\_\_ Vol. \_\_\_\_\_ Page(s) \_\_\_\_\_