



**TOWN OF VERNON PLANNING & ZONING COMMISSION (PZC)**

**APPLICATION**

(Revised August 2022)

The PZC may require additional information to be provided by the applicant in the course of reviewing the application and during the monitoring of the project. Provide all the information requested.

**APPLICANT (S)**

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROPERTY OWNER (S)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

If the applicant is not the property owner, include a letter from the property owner authorizing the applicant to seek approval by the PZC, if no signature accompanies the application.

**PROPERTY**

ADDRESS: \_\_\_\_\_

ASSESSOR'S ID CODE: MAP # \_\_\_\_\_ BLOCK # \_\_\_\_\_ LOT/PARCEL # \_\_\_\_\_

LAND RECORD REFERENCE TO DEED DESCRIPTION: VOLUME \_\_\_\_\_ PAGE \_\_\_\_\_

DOES THIS SITE CONTAIN A WATERCOURSE AND/OR WETLANDS? (SEE THE INLAND WETLANDS MAP AND REGULATIONS)

NO  YES

REGULATED ACTIVITY WILL BE DONE

IWC APPLICATION HAS BEEN SUBMITTED

ZONING DISTRICT \_\_\_\_\_

IS THIS PROPERTY LOCATED WITHIN FIVE HUNDRED (500) FEET OF A MUNICIPAL BOUNDARY?

NO

YES: \_\_\_\_\_

*Name of Town*

CHECK IF HISTORIC STATUS APPLIES:

LOCATED IN HISTORIC DISTRICT: \_\_\_\_\_

INDIVIDUAL HISTORIC PROPERTY

**PROJECT SUMMARY**

Describe the project briefly in regard to the purpose of the project and the activities that will occur. Attach to this application a complete and detailed description with maps and documentation as required by the "Town of Vernon Zoning Regulations" and "Town of Vernon Subdivision Regulations".

PURPOSE: \_\_\_\_\_

GENERAL ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL REQUESTED**

**\_\_\_ SUBDIVISION OR RESUBDIVISION**

- \_\_\_ SUBDIVISION (SUB. SEC. 4, 5, 6)
- \_\_\_ RESUBDIVISION (SUB. SEC. 4, 5, 6)
- \_\_\_ MINOR MODIFICATION OF SUBDIVISION OR RESUBDIVISION (SUB. SEC. 4.6)
- \_\_\_ AMENDMENT OF SUBDIVISION REGULATIONS (SUB. SEC. II)

SEE SUBDIVISION REGULATIONS SEC. 4 FOR APPLICATION FEE SCHEDULES.

**\_\_\_ SOIL EROSION AND SEDIMENT CONTROL PLAN (ESCP) (SUBDIVISION REGULATIONS 6.14)**

**\_\_\_ SITE PLAN OF DEVELOPMENT (POD)**

- \_\_\_ POD APPROVAL
- \_\_\_ MODIFICATION OF AN APPROVED POD
- \_\_\_ MINOR MODIFICATION OF A SITE POD

**\_\_\_ SPECIAL PERMIT(S) SECTION: \_\_\_\_\_**

**\_\_\_ ZONING:**

- \_\_\_ SITE SPECIFIC CHANGE OF ZONING DISTRICT AND MAP
- \_\_\_ AMENDMENT OF ZONING REGULATIONS

**CERTIFICATION AND SIGNATURE**

The applicant, undersigned, has reviewed the "Town of Vernon Planning and Zoning Regulations" and completed the application with complete and accurate information:

Property Owner, Applicant, or Applicant's Agent:

APPLICANT OR AGENT SIGNATURE	PRINTED NAME	DATE
------------------------------	--------------	------

OWNER'S SIGNATURE, IF DIFFERENT	PRINTED NAME	DATE
---------------------------------	--------------	------