



APPLICATION FOR SKETCH PLAN REVIEW

TOWN OF WOLCOTT

PO Box 100, Wolcott, VT 05680

zoning@wolcottvt.org

PERMIT # _____ Application Date Received _____ Fee Paid _____ Recording Fee _____

Parcel location information

911# _____ Physical location _____ Deed: Book _____ Page _____

Permit applicant information

Name _____ Mailing address _____

Email _____

City _____ State _____ Zip _____ Phone or Cell# _____

Parcel Owners Information (if different from applicant)

Name _____ Mailing address _____

Email _____

City _____ State _____ Zip _____ Phone or Cell# _____

Project Description:

Was this parcel part of a subdivision in the last 10 years? YES ___ NO ___

If YES, please tell us the date of previous subdivision and name of subdivider. _____

I/We pledge that the information provided is true and accurate to the best of my/our knowledge

Landowners

Applicant

FOR TOWN USE ONLY

Permit # _____ Parcel ID # _____ Hearing Date/time _____ Zoning District _____

Acres in Parcel _____ Number of proposed lots _____ Minimum lot size _____ Minimum road frontage _____

Survey on file _____ Sketch or Survey Submitted _____

Minutes _____ Interested persons _____ Other Document needed _____

Site visit _____ Date / Time _____ Remarks _____

Comments for Approval _____

