

PLANNING AND ZONING
Project Review Sheet



Town of Charlotte
ESTABLISHED 1762

APPLICANT INFORMATION

Last Name	First	Date
Street Address	Apartment/Unit #	
Town/City	State	ZIP
Phone #:	E-mail Address:	
Address of the Potential Project:	Acreage:	
Map/Block/Lot	Parcel Id #:	

EXISTING DECISIONS AND PERMITS

Is there a past subdivision decision that applies to this property? If so who was the applicant? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there a past Zoning Board decision for this property? If so what was project number/applicant? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there a wastewater permit for this property? If so what is the project number/date? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has there been any Zoning or Building permits issued on this property? Permit number? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE INCLUDE BRIEF DESCRIPTION OF THE PROJECT YOU WOULD LIKE TO EXPLORE

Signature/E-Signature of Applicant

Signature	Date
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***** **BELOW IS TO BE COMPLETED BY PLANNING AND ZONING STAFF** *****

THE FOLLOWING TOWN APPLICATIONS WILL BE NEEDED <input type="checkbox"/>	THE PROJECT IS NOT POSSIBLE; PLEASE SEE EXPLANATION BELOW <input type="checkbox"/>
PLANNING COMMISSION APPLICATIONS	YES <input type="checkbox"/> NO <input type="checkbox"/>
SKETCH PLAN REVIEW	YES <input type="checkbox"/> NO <input type="checkbox"/>
SITE PLAN REVIEW	YES <input type="checkbox"/> NO <input type="checkbox"/>
SUBDIVISION AMENDMENT MAJOR OR MINOR	YES <input type="checkbox"/> NO <input type="checkbox"/>
SUBDIVISION MAJOR OR MINOR	YES <input type="checkbox"/> NO <input type="checkbox"/>
BOUNDARY LINE ADJUSTMENT	YES <input type="checkbox"/> NO <input type="checkbox"/>

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ZONING BOARD OF ADJUSTMENT APPLICATION	YES <input type="checkbox"/>	NO <input type="checkbox"/>
THOMPSON'S POINT DESIGN REVIEW COMMITTEE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CONDITIONAL USE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VARIANCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ZONING/LAND USE PERMIT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ZONING PERMIT (BUILDING OR LAND USE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CERTIFICATE OF OCCUPANCY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HIGHWAY ACCESS PERMIT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WATER SOURCE/ WASTEWATER PERMIT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NEW WATER SOURCE/WASTEWATER PERMIT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WATER SOURCE/ WASTEWATER PERMIT AMENDMENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>

OTHER STATE APPROVALS FOR YOUR PROJECT MAY BE REQUIRED. PLEASE CHECK WITH A DEC PERMIT SPECIALIST.

Jeff McMahon, Permit Specialist



[phone] 802-477-2241 [email] jeff.mcmahon@vermont.gov

Department of Environmental Conservation
 Environmental Assistance Office - Essex Regional Office
 111 West Street, Essex Junction, VT 05452

REVIEW/ADDITIONAL COMMENTS FROM PLANNING AND ZONING STAFF

STAFF REVIEWER SIGNATURE

Signature	Date
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