TOWN OF CHARLOTTE

APPLICATION

SUBDIVISION AMENDMENT BOUNDARY ADJUSTMENT SKETCH

*Applicant: A complete application must be submitted to the Planning office before you will be given time on the Planning Commission agenda.

Owner of Record-Parcel #1
Name Remo & Donna Pizzagalli
Address 1445 Ethan Allen Highway
Charlotte, VT 05445
Phone (H)_____ (W) 802-238-7219
Signature of owner Donna Pizzagalli

Owner of Record-Parcel #2
Name _____
Address _____
_____
Phone (H)_____ (W)_____
Signature of owner_____

1. Location of Boundary Adjustment or Subdivision Amendment_____

2. Boundary Adjustment or Subdivision Amendment:

Property #1
Original Acreage 80
Adjusted Acreage_____
Map ___ Block ___ Lot ___ Parcel ID _____

Property #2
Original Acreage_____
Adjusted Acreage_____
Map ___ Block ___ Lot ___ Parcel ID_____

3. Part of Prior Subdivision? Yes ✓ **No**_____
If Yes: Date: 2002 Owner:_____

4. Reason for Boundary Adjustment or Subdivision Amendment:
To develop 4 building lots.

5. To Be Submitted With Application:
_____**If applicant is agent for owner, written authorization signed by owner must be filed with application**
_____**Survey showing existing and proposed property lines and existing and proposed acreages**

6. Return to: **Charlotte Planning & Zoning Office**
P.O. Box 119
Charlotte, VT 05445

Office Use Only

Date Received **Application #:**

Meeting/Hearing Dates: **Sketch**_____

Boundary Adjustment _____

Subdivision Amendment _____

Fee Paid:_____