

Date: _____	Application #: _____
Fees Paid: _____	(\$10 recording fee already paid)
Parcel ID #: _____	
Tax Map #: _____	

TOWN OF WATERBURY SITE PLAN REVIEW APPLICATION

This Site Plan Application supplements the Zoning Permit Application. Please provide all of the information requested in both applications. Read the Zoning Regulations and familiarize yourself with the requirements. Failure to provide all the required information will delay the process of this application. Submit one copy of the completed application(s) and a check payable to the Town of Waterbury according to the zoning fee schedule. For questions about the permit process please contact the Zoning Administrator at 244-1018.

PROJECT DESCRIPTION

Brief description of project: _____

SITE PLAN REVIEW CRITERIA

Please utilize the check list to ensure your proposal addresses each relevant Site Plan Review criteria:

- ___ Adequacy of traffic access
- ___ Adequacy of circulation and parking
- ___ Adequacy of landscaping and screening (including exterior lighting)
- ___ Requirements for the Route 100 Zoning District
- ___ Special considerations for projects bordering Route 2, Route 100, or Interstate 89

SITE PLAN SUBMISSION REQUIREMENTS

Before an application for site plan review is considered complete, the applicant shall file a site plan, clearly drawn to the largest practical scale, showing the following:

- Location and dimensions of lot lines, names of adjacent landowners, all easements, utilities, and existing and proposed structures.
- All access to public streets or roads, parking and service areas, pedestrian walkways, curbs and stormwater drainage.
- Pedestrian and vehicular circulation, including parking lot layout, entrances to structures, signs, and lighting.
- Building elevations and footprints.
- Detailed site grading and landscaping, indicating existing and proposed trees, shrubs, and ground cover.
- Two copies of all plans.
- For plans larger than 11"x17" please submit a digital plan set in addition to the paper copy (pdf. file format).

SIGNATURES The undersigned hereby applies for a Zoning Permit for the use described in this application to be issued on the basis of the representations made herein all of which the applicant swears to be complete and true.

Applicant Signature date

Property Owner Signature date

CONTACT Zoning Administrator Phone: (802) 244-1018
Mailing Address: Waterbury Municipal Offices, 28 North Main Street, Suite 1, Waterbury, VT 05676
Municipal Website: www.waterburyvt.com