



APPLICATION FOR SITE PLAN REVIEW

Date of Application: _____, 20____

Name of Applicant: _____

Address of Applicant: _____

Applicant's Phone Number: (____) _____

Address of Project Site: _____

Description of Location of Project Site: _____

Tax Map Section/Block/Lot No.: _____

Total Site Area (square feet or acres): _____

Current Zoning Classification (as per Town code): _____

Proposed Zoning Classification (as per Town code): _____

Owner of Property (if not the applicant) (if more than one, provide information for each owner):

Address of Owner: _____

Owner's Phone Number: (____) _____

Name of Licensed Agent Preparing Plans: _____

Address of Agent Preparing Plans: _____

Agent's Phone Number: (____) _____

Current use of Site: _____

Type of Improvement Proposed; Check One:

___ New project site, including new buildings & site improvements

___ Modification to existing building

___ Modification to existing developed site

___ Change of use of existing building or site

Character of Surrounding Lands (suburban, agriculture, wetlands, etc.): _____

Estimated Total Cost of Proposed Improvement: \$ _____

AGENT AUTHORIZATION FORM

Name of Applicant: _____

Date of Application: _____

Address of Project Site: _____

TO THE CLERMONT PLANNING BOARD:

Please take notice that I/we hereby appoint _____ as my/our authorized agent to appear on my/our behalf and/or represent me/us and make statements on my/our behalf at any and all Clermont Planning Board meetings and to be the sole contact for the Town of Clermont, its agents, employees and/or assigns in the matter of the application submitted by _____ and dated _____, 20___. By submitting this authorization, I/we acknowledge my/our express understanding that the Town of Clermont, its agents, employees and/or assigns will have the authority to render any and all decisions on the aforesaid pending application based wholly or in part on representations and/or statements of said agent.

Print Property Owner's Name

Property Owner's Signature

Second Property Owner's Signature (if applicable)

Date

Representative's Signature and Date

Representative's Address

Representative's Phone

LIST OF CONTIGUOUS OWNERS

Name of Applicant: _____

Date of Application: _____

Address of Project Site: _____

List the names and address of all property owners within five-hundred (500) feet of any boundary of the Project Site's property, including those across streets and bodies of water.

Addresses may be obtained from the current tax rolls which are available in the assessor's office:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____