



Town of St. Albans
Office of the Development Review Board
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FINAL PLAT REVIEW APPLICATION

ZONING DISTRICT(S): _____

FLOOD HAZARD OVERLAY: YES NO

DOES THIS PROJECT REQUIRE MUNICIPAL WATER OR WATEWATER? YES NO

DOES THIS PROJECT REQUIRE CURB CUT PERMIT(S)? YES NO

OWNER(S) OF RECORD: _____

MAILING ADDRESS: _____

PHONE NO: _____

911 ADDRESS OF PROPERTY: _____ PARCEL ID#: _____

APPLICANT IF DIFFERENT THAN OWNER _____

MAILING ADDRESS: _____

PHONE NO: _____

PROFESSIONAL ADVISORS

SURVEYOR: _____

MAILING ADDRESS: _____

PHONE NO: _____

ENGINEER: _____

MAILING ADDRESS: _____

HOW DOES THIS PROJECT IMPACT THE COMMUNITY?

A) TRAFFIC IN THE AREA

B) SCHOOLS SERVICING THIS PROPOSAL

C) WHAT IS THE PROPOSED WATER AND WASTEWATER TREATMENT?

D) HOW WILL THIS PROPOSAL AFFECT POLICE AND FIRE PROTECTION (PLEASE PROVIDE LETTERS FROM EACH DEPARTMENT ADDRESSING THIS PROPOSAL)

PROVIDE COST ESTIMATE OF ALL PROJECT CONSTRUCTION (BROKEN DOWN INTO SPECIFIC ELEMENTS (ROADS, LANDSCAPING, STORM WATER SYSTEM, LIGHTING, SIDEWALKS, RECREATION PATHS, MUNICIPAL WATER AND SEWER LINES, ETC.)
