

Application for Subdivisions & Boundary Line Adjustments

Town of Bristol
Planning and Zoning
1 South Street
(802)453-3648
zoning@bristolvt.org



Landowner Information (as listed in Grand List)

Name: _____

Mailing Address: _____

Phone #: _____

Email: _____

Applicant Information (if different from Landowner)

Name: _____

Mailing Address: _____

Phone #: _____

Email: _____

Site Information: Location of Property: _____

Parcel ID: _____ Zoning District: _____ Overlay District (if applicable): _____ Lot Size: _____

of Lots: _____ Lot Frontage: _____ Professional Advisor (if any): _____

Description of Proposal: _____

Easements/Covenants on Property: _____

Is the applicant applying for concurrent zoning permits? Yes ☐ No/Not Applicable ☐

Applicant applying under Planned United Development (PUD) provisions? Yes ☐ No/Not Applicable ☐

State Permits: It is the responsibility of the applicant/owner to obtain any and all necessary State Permits. For assistance applicants can use the Agency of Nature Resources Permit Navigator ([Permit Navigator](#)) or contact a Community Assistance Specialist at 802-828-0141 or ANR.DECAssistance@vermont.gov.

All requirements must be submitted before any action on your application may be taken. Permit application fees are non-refundable. Further information may be required after initial review.

The undersigned hereby applies for a zoning permit, to be issued on the basis of the representations contained herein, of which the applicant swears to be true.

Signature of Applicant: _____ Date: _____

Signature of Landowner: _____ Date: _____

Approved applications must record a mylar of the final plat within 180 days from date of approval in accordance with Section 960 of the Bristol Unified Development Regulations.

Office Use Only

Date Received: _____ Date Deemed Complete: _____ Fee: \$ _____ Payment Type: _____ Permit #: _____

Date of 1st Public Hearing: _____ Date of 2nd Public Hearing: _____ Additional Date: _____

Classification: Major ☐ Minor ☐ Date _____ Concurrent Application (if applicable): Permit # _____

Permit Decision

APPROVED ☐ / DENIED ☐ APPLICATION REFERRED TO DRB ☐

Zoning Administrator Signature: _____ Date: _____

APPROVED ☐ / DENIED ☐ Date of DRB Decision: _____ Date of Written Decision: _____

Appeal By: _____ Effective Date: _____

Comments/Conditions: _____

Date for Plat Recording: _____

Pursuant to 24 V.S.A. § 4465 an interested person may appeal any decision by the Administrative Officer within 15 days of the date of such decision. To file an appeal an application must be filed with the Town Clerk within 15 days of any action.