



SKETCH PLAN APPLICATION

Permit # _____

Parcel ID: _____

Please review the Richmond Zoning & Subdivision Regulations and provide all the information requested in this application. **The purpose of the sketch plan review is to acquaint the Development Review Board with the intent of the subdivision at an early stage in the design process. SKETCH PLAN review is a voluntary, informal review, and is not binding on the DRB or the SUBDIVIDER.** For information contact the Zoning Administrative Officer at 802-434-2430. Other federal, state and local permits or approvals may additionally be required, it is the duty of the applicant to obtain all relevant and applicable approvals. To inquire about State permits contact the State Permit Specialist at 802-477-2241.

Application Date: _____ Physical Address of Property: 60 Wolf Lane, Richmond

Applicant Name: Jessica and Michael Sipe Property Owner Name: Jessica and Michael Sipe

Applicant Mailing Address: _____ Owner Mailing Address: _____
60 Wolf Lane, Richmond, VT 05477 60 Wolf Lane, Richmond, VT 05477

Phone: (802) 578-7634 Phone: (802) 578-7634

Email: Michael@extantvt.com Email: Michael @extantvt.com

Brief description of Project: Applicants seek non-binding DRB guidance of the allowable uses of a building envelope on their property.

In addition to this completed application form please provide the following:

- Orthophoto map(s) or other referencing materials with the subject area defined;
- A sketch plan of the land to be subdivided that depicts the proposed development;
- One set of stamped envelopes addressed to each ADJOINING PROPERTY OWNER.
- Fee of \$100.

Signatures: The undersigned hereby certifies this information to be complete and true.

<u>Michael Sipe</u>	<u>11/11/2024</u>	<u>Michael Sipe</u>	<u>11/11/2024</u>
Applicant Signature	Date	Property Owner Signature	Date

— DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY —

Notices sent to adjoining landowners (date): _____ DRB Hearing Date: _____

Comments: _____ Zoning Fee: _____ Check #: _____

Zoning Administrative Officer signature: _____ Date: _____