

**TOWN OF MARSHFIELD  
DEVELOPMENT REVIEW BOARD  
122 School Street, Room 1  
Marshfield, VT 05658  
PHONE (802) 426-3305 - FAX (802) 426-3045**

ID # _____	Rec'd _____
Fee of _____	Rec'd _____
Plot Plan Rec'd _____	

**APPLICATION FOR SITE PLAN REVIEW**

*\$100.00 APPLICATION FEE*

LANDOWNER/S \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

APPLICANT/S \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

*Location of Property:*

911 Address \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Please state what, if any, business is presently being conducted on the property \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe proposed project \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach plot plan (*map drawn to scale*) showing the following:

1. all buildings and the square footage of each
2. all parking spaces which must be 9' x 22' (see section 340 of the Marshfield Zoning Regulations)
3. lot lines and setbacks to buildings
4. all landscaping (existing and proposed)
5. all screening (existing and proposed)
6. traffic flow patterns and access to road

Applicant/s signature \_\_\_\_\_ Date \_\_\_\_\_

Landowner/s signature \_\_\_\_\_ Date \_\_\_\_\_

*(if not the same as applicant)*