

TOWN OF MARSHFIELD
DEVELOPMENT REVIEW BOARD
c/o Robert Light, Zoning Administrator
2193 Hollister Hill Road
Marshfield, VT 05658

phone (802) 454-7725

fax (802) 454-0197

Fee of _____ Rec'd _____

APPLICATION FOR SITE PLAN REVIEW

*\$150.00 APPLICATION FEE (\$175 for concurrent site plan and conditional use applications)
to be made payable to the Town of Marshfield*

*** Submit one full-size sketch map and one reduced to 11" x 17" ***

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)