

APPLICATION FOR SUBDIVISION
TO THE TOWN OF
VINALHAVEN

Date Received _____

Amount received _____ Permit Number _____

Date application completed _____

Application is hereby made for a permit to subdivide land as defined in the Vinalhaven Land Use Ordinance, Oct 23, 1993 and revisions

PROPERTY OWNER _____

ADDRESS AND PHONE NUMBER _____

APPLICANT/CONTRACTOR, if different _____

Address and telephone _____

NAME OF REGISTERED PROFESSIONAL ENGINEER, LAND SURVEYOR OR PLANNER &

REG# _____

ADDRESS AND PHONE NUMBER _____

LOCATION OF PROPERTY _____ TAX MAP & LOT _____ ZONE _____

REGISTRY OF DEEDS REFERNECE FOR PROPERTY BOOK _____ PAGE _____

PROPOSED NAME OF SUBDIVISION _____

ACREAGE OF PARCEL TO BE DIVIDED _____ NUMBER OF LOTS TO BE CREATED _____

FRONTAGE ON WATERBODY _____ FEET FRONTAGE ON ROAD _____ FT

In any portion of this located in the Shoreland Zone Yes _____ No _____

Is any portion of this in the 100 year Floodplain yes _____ NO _____

Does this parcel include or abut wetlands or waterbodies yes _____ NO _____

Has this parcel been part of a previously approved subdivision yes _____ no _____

Or been divided in the last five years yes _____ No _____

Has any land in this parcel been created by filling or draining a wetland yes _____ No _____

Does this parcel have any existing right of way or conservation easements yes _____ No _____

What interest does the applicant have in any property abutting the parcel to be subdivided _____

Proposed water source: well or wells _____ municipal water supply _____

Proposed sewage disposal individual septic systems _____ connection to public
sewer _____

Proposed fire protection: existing fire pond _____ hydrants connected to
municipal water supply _____

Indicate the nature of any restrictive covenants to be placed in the
deeds: _____
