



SKETCH PLAN APPLICATION

Permit # _____

Parcel ID: EM1949

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: 10/13/22 Physical Address of Property: 1949 East Main street, Richmond, VT, 05477

Applicant Name: Ian Rand Property Owner Name: VYCC

Applicant Mailing Address: 1949 East Main St, Richmond, VT, 05477 Owner Mailing Address: 1949 East Main St, Richmond, VT, 05477

Phone: 802-683-1294 Phone: 802-598-6386

Email: ian.rand@vycc.org Email: Breck Knauft@vycc.org

Brief description of Project: To Support program growth and development, VYCC reimagined how we might adapt historic structures, and construct future facilities to more fully meet the needs of today, and tomorrow.

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.

Ian Rand 10/18/22
Applicant Signature Date

Breck Knauft 10/17/22
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: _____

