TOWN OF Founded 1763	Town of Georgia		
			oad North. • St. Albans, VT 05478 02-524-3543 • website: townofgeorgia.com
Date Received:	Fee Paid \$	Ck #	DLR #
Tax Parcel ID:	Sent to Legal:		
Received back from legal:	Legal Cost:		
Amount returned/billed:			
	GEORGIA DE ED LEGAL RI		NT REVIEW BOARD PLICATION
Applicant(s)			ty Owner(s) if different
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone Email		Phone Email	
<u>CERTIFICATION OF AP</u> The undersigned applicant(s true and accurate and that the) hereby certifies t	hat all informat	tion submitted on this application is
Date		Applicant	
		Applican	ıt
PROPERTY OWNER AU	THORIZATION	[
The undersigned property ov	wner(s) hereby cer	tifies that the in	formation submitted in this

The undersigned property owner(s) hereby certifies that the information submitted in this application regarding the property is true, accurate, and complete and that the Applicant(s) has full authority to request approval for the proposed use of the property and any proposed structures.

Date

Property Owner

Property Owner

Deeds Requiring Legal Review by Town of Georgia

Escrow: Applicant shall submit \$500 with the Final Application to cover the legal review of the deeds and any other required legal instruments by the attorney for the Town of Georgia. Any funds not expended on the legal review will be refunded to the Applicant.

Review: Applicant shall submit draft deeds and any other associated legal instruments for all impacted lots and public infrastructure for review and approval by the attorney for the Town of Georgia. All requested revisions must be complete before the Plat may be recorded. Only instruments approved by the Town of Georgia may be recorded in the Town of Georgia Land Records. The attorney for the Town of Georgia must approve the subdivision plat prior to filling the final plat on mylar.