

Natural Resources Board

Municipal Impact Questionnaire

This questionnaire is intended to help applicants gather evidence to submit under Criterion 7 - Municipal Services. A letter or narrative from the Town Manager, Selectboard Chair, or appropriate official may also serve as evidence.

To be completed	by Applicant:
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APPLICANT NAME	MUNICIPALITY
TITLE OF SITE PLAN SUBMITTED	DATE OF SITE PLAN SUBMITTED

To be completed by Town Manager, Department Heads, or Equivalent:

a. Does the municipality l	nave the c	apacity t	o provide the following services without unreasonable burdens for the above project?
Fire Protection	Yes	No	Municipality does not provide this service
Police Protection	Yes	No	Municipality does not provide this service.
Rescue Service	Yes	No	Municipality does not provide this service.
Road Maintenance	Yes	No	Municipality does not provide this service.
Solid Waste Disposal	Yes	Nο	Municipality does not provide this service

If you answered No to any of the questions above, explain why the municipality cannot provide the service(s).

For services above which the municipality does not provide, please indicate who provides the service.

b. Would the deficiencies occur without this project? Yes No

If No, what measures can the applicant take to alleviate the deficiency?

c. If the deficiencies are common to many projects, does this project create burdens which are disproportionate to the taxes and user fees to be paid to the municipality?

Yes No

If **Yes**, does the municipality recommend the imposition of an impact fee or other means to mitigate any unreasonable burdens?

d. Are you available, after sufficient notice, to answer questions related to the above statements at an Act 250 hearing?

Yes No

I certify that the above information is true and accurate to the best of my knowledge.

NAME POSITION

DATE

SIGNATURE

(APPLICANT: Please print, and have municipal official sign. Please then scan this form to PDF and include with your application submission to the Act 250 district office.)

Act 250 Municipal Impact Questionnaire