

APPLICATION #: _____
(Assigned by the Town Clerk)

Received:

TOWN OF STRAFFORD, VERMONT Zoning Permit Application

The undersigned hereby applies for a Zoning Permit for the project and use described below. A permit is issued on the basis of the representations contained herein. The permit shall become null and void in the event of misrepresentation and/or not being in compliance with the State and Town laws and regulations, or failure to complete construction or initiate a use, within two (2) years of the date of approval. In the event of noncompliance, I understand that this permit may be suspended until proper approval(s) is/are granted.

Name of Landowner (Print)

Telephone # or Cell #

Mailing Address (PO Box, City, State and Zip Code)

Physical Address

Parcel ID#

Email

Name of Applicant - if different than landowner (Print)

Telephone # or Cell #

Email

Please complete the following permit numbers and dates issued below along with copies of all permits.

1. Project Location: 911/House # _____ Street: _____

Parcel No: _____ Zone: _____ Driveway Permit #: _____

Is property located in a flood hazard area? Yes _____ No _____

Are there any easements/restrictions on the property? _____

Warranty Deed Reference: Book _____ Page _____ Date _____ Please attach a copy.

Is there a current septic system on the lot? _____ If yes, provide a copy and a sketch of where it is located on the lot.

Is there a source of water on the lot? _____ If yes, provide a sketch of where it is located.

Has an application for a State of VT Waste Water Permit been filed? _____ Permit # _____

Date Issued _____

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TOWN OF STRAFFORD ZONING PERMIT APPLICATION

2. Size of Property (acres): _____ Number of Stories: _____ Building Height: _____

Dimensions of Proposed Building, Addition or Other Structure _____

Setback from Property Lines (Minimum 15') Side _____ Side _____ Rear _____

Setback from Centerline of Traveled Way (Minimum 40') _____ Highway Frontage _____

Description of Proposed Structure(s) and Use: _____

3. Please supply a sketch on 8 1/2 x 11" paper showing property lines and dimensions in feet for items requested under 1 And 2 above. Please show location of all driveways, all buildings, and all surface water (streams, rivers, ponds and wetlands) on parcel.

4. I, the undersigned, agree to abide by the Vermont Health and Environmental Regulations and the town of Strafford Health and Zoning Regulations. The drawings, data and statements, which I have included in this application, are true and correct to the best of my knowledge. The signatory, if other than the landowner, must submit a written statement from the landowner authorizing the Signatory to submit this application. By signing below, you are also giving the Listers permission for an **exterior** inspection of your property. Contact the Board of Listers for details or concerns at 802-765-4360.

(Circle one) Landowner or Authorized Agent Date _____

Witness Date _____

HEARING INFORMATION

Hearing Not Required _____ Hearing w/DRB _____ Variance _____ Conditional Use _____

Denied/Reason: _____

Comments: _____

Approved. This approval shall not become effective until: _____

Date of Administrative
Officer's Action:

Administrative Officer's Signature

Filing Fee _____ Hearing Fee _____ Rec'd By _____ Date: _____