

ZONING PERMIT

Town of Braintree, Vermont ZONING PERMIT APPLICATION

Permit No.
ZP23-

Parcel ID number

Est. cost of project

App. fee**

Applicant

Phone Number (daytime)

Address

Lot Size:

Street Address of Property

Property Owner (if not same as Applicant)

Address

DESCRIPTION OF PROPOSED WORK

Present use(s) of property: One-family Two-family Other

Proposed use(s) of property: Same as existing Other

Description of proposed work (incl. dimensions):

Closest distance between new structure/addition and the following property lines (as shown on sketch):

front/street: ft. back: ft. right: ft. left: ft.

Height: ft. Farm Structure (describe farm uses):

ACTION OF THE ADMINISTRATIVE OFFICER¹

ID of zoning district: ID and classification of use:

Application is REFERRED to the DRB for the following review and approval:

Waiver Variance Conditional Use Other

AO Signature:

FINAL ACTION OF THE ADMINISTRATIVE OFFICER

APPROVED APPROVED with conditions noted DENIED NO PERMIT REQUIRED

Comments:

AO Signature:

**App. fee is \$30 for 150 SF or less of new construction, \$100 if DRB approval is required, or \$50 for all others.

SITE SKETCH

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Draw your existing buildings and proposed buildings here. Include your driveway and town roads and any private roads. Show the front, back and side measurements from your proposed buildings or improvements and your property lines.

A large, empty rectangular box with a black border, intended for drawing a site sketch. It occupies the majority of the page below the instructions.

SEWER INFORMATION

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Total number of bedrooms: existing _____ proposed to be added _____

Will the new accessory structure have plumbing? N/A No Yes

Does the proposed project have the potential to generate additional sewage? No Yes

If yes, describe: _____

Is a State Wastewater System and Potable Water Supply Permit required? No Yes

If yes, attach and write WW permit (case) number here: _____

CERTIFICATIONS OF APPLICANT AND/OR PROPERTY OWNER

PROPERTY OWNER: The undersigned property owner hereby certifies that the information on this application is true and accurate, consents to its submission, and understands that if the application is approved, the zoning permit and any attached conditions will be binding on the property. Further, the undersigned authorizes the Administrative Officer access, at reasonable times, to the property covered by the permit issued under this application, for the purposes of ascertaining compliance with said permit.

Property Owner's signature

Date

APPLICANT (if not property owner): The undersigned applicant hereby certifies that ALL the information submitted on and with this application is true and accurate.

Applicant's signature

Date

OFFICE USE ONLY

- -
Received

\$ - -
Fee Paid or deposited

- -
Application deemed complete

- -
Permit posted

- -
Certificate of Occupancy

ADDITIONAL COMMENTS (by Administrative Officer)

Total SF of lot: _____ Total SF of bldg. _____ Building coverage % _____

¹ An applicant and/or interested person (as defined in 24 VSA §4464) may appeal any decision of the Administrative Officer to the Development Review Board (DRB) within 15 days of the date of the decision. Said notice shall be in writing, mailed or delivered to the Clerk of the DRB, and give the reasons for the appeal. Failure to appeal this decision may prevent any party from arguing against its elements in a future hearing or appeal. 24 VSA §4472.