

Fee paid \$ _____ **ZONING PERMIT APPLICATION** Permit # _____ - _____ - _____
Recording paid \$10.00 **Town of Charlotte, P.O. Box 119, Charlotte, VT 05445-0119**

Owner(s) _____ Phone (h) _____
Phone (w) _____
Address _____

Application # _____

For office use only

Applicant _____ Phone (h) _____
Phone (w) _____
Address _____

Note: An applicant who is acting as agent for the owner must submit a letter of authorization from the owner.

Property address _____ Map ___ Block ___ Lot _____

Parcel ID # _____ Zoning district _____ Acres _____

Any conditions (subdivision, site plan, covenant, or conditional use approval) that apply to this property? Yes ___ No ___

Summarize those conditions: _____

Describe below the improvements to be made and their intended use: _____

Details provided on Attachments # _____ # _____ # _____ # _____ # _____ # _____ dated ____/____/____

No. of sq. ft. added to building footprint _____ No. of sq. ft. of usable space added within building footprint _____

No. of bedrooms _____ baths _____ before construction. No. of bedrooms _____ baths _____ after construction.

*Attach to this sheet 1) a plot plan, 2) a floor plan, and 3) elevation drawings, drawn to scale, with North →, showing:

***Plan size submissions to be 8 ½ X 11 or 11 X 17**

- | | |
|--|---|
| <input type="checkbox"/> Road frontage and rear width and side lines | <input type="checkbox"/> Building dimensions, including heights |
| <input type="checkbox"/> All existing and proposed building footprints | <input type="checkbox"/> Utilities, easements, and right-of-ways |
| <input type="checkbox"/> Building envelope, when applicable | <input type="checkbox"/> Water well(s) and septic system(s) |
| <input type="checkbox"/> Setback distances to front, rear, & side property lines | <input type="checkbox"/> Bodies of water, including unnamed streams |

This permit is subject to appeal of the Zoning Administrator's decision by an interested party within fifteen (15) days of the date of issue and shall NOT become effective UNTIL the appeal period has expired or, if appealed, until final adjudication of said appeal.

I/we will adhere to the zoning and sewage regulations of the Town of Charlotte. I/we agree to *not* to use these improvements until a *certificate of occupancy* has been issued. I/we agree to allow authorized Town officials access to the property to verify compliance with the terms and conditions of this permit, upon reasonable notice.

I/we acknowledge that my/our project may require a construction permit from the Vermont Department of Labor and Industry, and other State permits. I/we agree to contact the Department of Labor and Industry and the Regional Environmental Office to obtain any required permits prior to any work being done.

Signature(s) of applicants _____ Date ____/____/____

For use by Zoning Administrator/Sewage Officer

Date application received ____/____/____ Date permit issued ____/____/____ Date permit effective ____/____/____

Permit # _____ - _____ - _____ Certificate of Occupancy required? Yes ___ No ___

Application Approved _____ Denied _____

Signature of Zoning Administrator/Sewage Officer