

Town of Weathersfield Zoning Permit Application

Interested persons may appeal any decision by the Administrative Officer within 15 days of the date of such decision; this permit shall not take effect until the time for such appeal has passed. Appeals are made to the Weathersfield Zoning Board of Adjustment.

(Please Print)

I. PARCEL NUMBER: _____ Are there State Permits on this property? _____

II. LOCATABLE ADDRESS: Number: _____ Road: _____

III. APPLICANT(S): _____

A. Mailing Address: _____ Town: _____ Zip: _____

B. Telephone Number: Home: _____ Work: _____

(Grantor:)

IV. LANDOWNER(S) if different from applicant(signature): _____

A. Mailing Address: _____ Town: _____ Zip: _____

B. Telephone Number: Home: _____ Work: _____

V. PERMIT REQUESTED: Please check **only** the permit(s) you are requesting.

A. DWELLING: House Mobile Home Duplex Vacation House Camp

1. Will this be the only dwelling on the property?

Yes No

2. Do you have a State or Town Driveway Access Permit?

Yes No Approval Pending Not a new access

3. Do you have a Town Septic Permit?

Yes No Approval Pending

If yes or permit pending, how many bedrooms is your sewage system designed to serve? _____

B. GARAGE: CARPORT:

1. Do you have a State or Town Driveway Access Permit?

Yes No Approval Pending Not a new access

C. OTHER STRUCTURE(S): (identify) _____

D. ADDITION(S): (identify) _____

1. If adding bedroom(s), how many total bedrooms will you now have? _____

E. MISCELLANEOUS: (identify) _____

F. BUSINESS OR INDUSTRY: (identify) _____

G. CHANGE OF USE PERMIT:

1. Existing use and/or occupancy: _____

2. Proposed use and/or occupancy: _____

(USE nearest whole number)

VI. SIZE OF PROPOSED STRUCTURE: Length _____ Width _____ Height _____

Number of stories _____ Total square footage of new structure(s) _____

VII. LOT SIZE: _____ Frontage on road: _____ Public Water: No Yes

VIII. SETBACKS: Road Right-of-Way _____ Side _____ ft. Side _____ ft.
Rear _____ ft. Stream or River _____ ft. Wetland _____ ft.

(Over)

Please draw a plot plan showing the following: town road or right-of-way, lot shape, and all existing and proposed structures.

Note: All proposed structures should be shown with setbacks (dimensions) from boundary lines, streams and wetlands.

Please give simple directions to your property from the beginning of your road: _____

Signature of Applicant: _____

Signature of Landowner *if different from applicant*: _____

The above signed hereby requests a zoning permit for the proposed use to be issued on the basis of the representation contained herein. Permit void in the event of any misrepresentation. Permits expire one year from effective date unless renewed prior to that time. Permit must be renewed annually unless construction has been undertaken. The project must be completed at the end of 5 years. **The applicant is responsible for attaining the appropriate State permits which this project may require; contact the Agency of Natural Resources in Springfield, VT for assistance (885-8850).** Zoning permit approval is conditioned upon the receipt of all other required Town permits.

Application # _____ Zoning District _____ Inspection Date _____
Application Fee \$ _____ Check # _____ Received _____
Application: Approved _____ Denied _____ Referred _____
Reason for referral _____

deForest Bearse, Land Use Administrator

Date