



Zoning Permit Application

Town of Northfield, Vermont
51 S. Main St, Northfield, VT 05663
802-485-6121

Zone _____

Floodplain _____

Parcel # _____

Property Location _____ new 911 needed :

Owner Name _____ Phone _____

Mailing Address _____ Email _____

Existing Use(s) of Property _____

Proposed Development _____

1. Please provide a plan showing property boundaries (including road frontage with road name), acreage, existing structures, dimensions of proposed structure, and distances from proposed structure to front, rear, and side property boundaries.
2. Owner/Applicant is responsible for obtaining all other required permits. Please contact the state Permit Specialist at 802-476-0195 to determine whether any state laws, codes, or permit requirements apply.
3. The undersigned hereby certifies under the pains and penalties of perjury that the information submitted in this application regarding the property is true, accurate, and complete, and that the applicant has full authority to request approval for the proposed use of the property and any proposed modifications.

Signature of Owner _____ Date _____

If Applicant is *not* the Owner:

Applicant Name _____ Phone _____

Mailing Address _____

Signature of Applicant _____ Date _____

Application

[Date Stamp]

Fees

Application Fee _____
Additional Fee _____
Recording Fee _____
Total Fees _____

Paid date & initials _____

Review Required

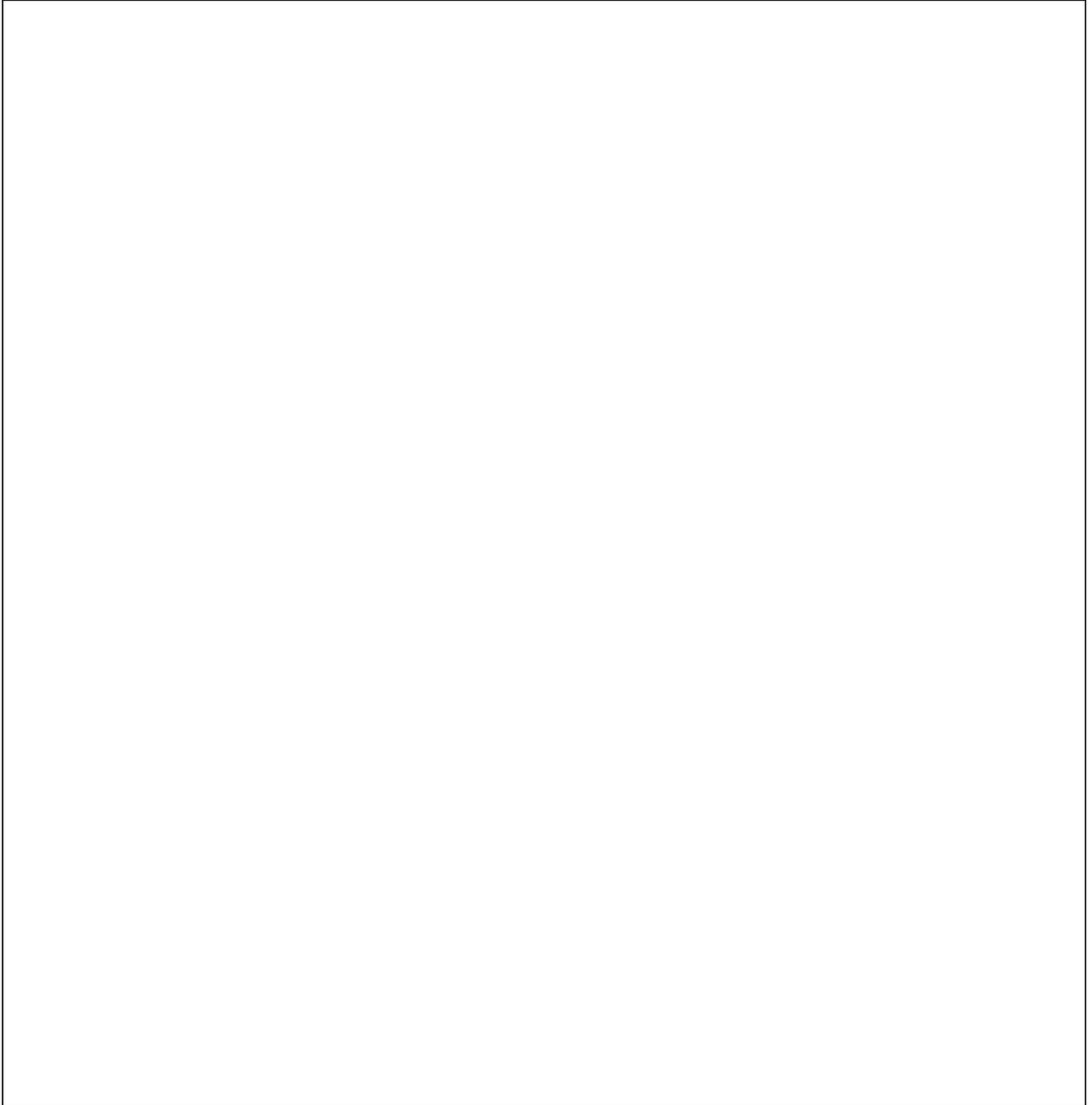
- Administrative
Decision Date: _____
 Approved / Denied / Referred to:
- State Floodplain Program
Date Submitted: _____
Response: _____
- Planning Commission
__ Subdivision / __ Site Plan / __ Sign
Hearing Date: _____
 Approved / Denied / No Action
- Zoning Board of Adjustment
__ Conditional Use / __ Variance / __ Appeal
Hearing Date: _____
 Approved / Denied / No Action

The approval or denial of this permit application by the Zoning Administrator may be appealed to the Zoning Board of Adjustment within 15 calendar days of the decision date. The permit will not be valid until the end of the 15-day appeal period.

Zoning Administrator Signature: _____ Date: _____

Please provide a sketch of the project in the space below (or attach plans). You must show:

- * property boundaries (including road frontage with name) and acreage
- * existing structures
- * dimensions of the proposed structure
- * distances from the proposed structure to front, rear, and side property boundaries

A large, empty rectangular box with a thin black border, intended for the applicant to draw a sketch of the project. The box is currently blank.

If public utilities are required, please attach Public Utility Checklist.