



# Zoning Permit Application

Town of Northfield, Vermont  
51 S. Main St, Northfield, VT 05663  
(802) 485-9824

Zone \_\_\_\_\_  
Floodplain \_\_\_\_\_

Parcel # \_\_\_\_\_

Property Location \_\_\_\_\_ new 911 needed:   
Owner Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
Current Use(s) of Property \_\_\_\_\_  
Proposed Development \_\_\_\_\_

1. Please provide a sketch plan showing property boundary (including road frontage with road name), acreage, existing structures, dimensions of proposed structure(s), and distances from proposed structure(s) to front, rear, and side property lot lines.
2. Owner/Applicant is responsible for obtaining all other required permits. Please contact Pete Kopsco, Regional Permit Specialist at 802-505-5367 (or pete.kopsco@vermont.gov) for assistance in determining 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 \_\_\_\_\_  
Recording Fee \_\_\_\_\_  
Total Fees \_\_\_\_\_  
  
Paid date & initials \_\_\_\_\_

**Review Required**  
 Administrative  
 Decision Date \_\_\_\_\_  
 Approved /  Denied /  Referred to:  
  
 State Floodplain Program  
 Date Submitted: \_\_\_\_\_  
 Response \_\_\_\_\_  
  
 Development Review Board  
 \_\_\_ Subdivision / \_\_\_ Site Plan Review / \_\_\_ Sign  
 \_\_\_ Conditional Use Hearing / \_\_\_ Variance or Waiver  
 \_\_\_ Appeal of Decision of the Zoning Administrator  
  
 Hearing Date: \_\_\_\_\_  
 Approved /  Denied /  No Decision

Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: The decision of the Zoning Administrator with regards to this application may be appealed to the Development Review Board. The applicant or any other interested party wishing to appeal the decision of the Zoning Administrator must provide written notice of a desire to appeal within 15 calendar days of the decision date. This permit will not become effective until the end of the 15-day appeal period.

Please provide a sketch of the proposed project. Use the space below or attach plans to this application. You must show:

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



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