TOWN OF WATERFORD ZONING/BUILDING PERMIT APPLICATION

P.O. Box 56, Lower Waterford Vermont 05848 Town Office 802-748-2122 - Zoning Ext. 18

Commercial uses and structures only

		Tax parcel #
		Application #
Applicant/Owner:		Phone:
Property Location:		
Nature of Construction: NEW	_ RENOVATION	CHANGE IN USE ADDITION
SIGNOTHE	R (explain):	
Explain type of work or proposed use (be specific):		
		•
Dimensions of structure(s): Length:	Width:	Height:
Setbacks (indicate direction of setbacks – N, S, E, W	·):	
From center of street/right-of-way:		From rear:
From side:	From side:	
Amount of off-street parking: (1 space = 10' x 20'):		
Number of: Stories Rooms	Bathrooms	Basement
Additional structures: Stories Attache		
Sign dimensions and height:		-
Is an access permit required? Yes No		proved permit)
Is a "work in the right-of-way" permit required? Ye		
Is a septic permit required? Yes No (ovea permit)
The following must be submitted with this applica	ition:	

- 1. DRB site plan and/or conditional use approvals
- 2. Fee: \$100 + \$15 recording fee = \$115
- 3. A Plot Plan (see the Zoning Administrator for details), DRB hearing file may substitute

The undersigned hereby applies for a permit for the above-mentioned use on the basis of the representations contained herein. I understand that this application will not be accepted if all required information has not been provided and I shall allow the Zoning Administrator access at reasonable times to ensure compliance with this permit and its conditions. The permit shall be deemed void if any of the information presented is found to be misrepresented. Activities authorized by this permit shall be completed within **two years**. This permit does not relieve applicant's duty to obtain all necessary "State and Local" permits. Commercial permits usually require DRB review and approval first, please contact the Zoning Administrator before you apply.

Right of Appeal: The applicant or any other interested person may appeal any decision of the Administrative Officer within 15 days of the date of such a decision by filing a written Notice of Appeal with the Development Review Board and a copy

thereof with the Zoning Administrator. This permit shall not take effect until time for such appeal has passed. Signature of Applicant: _____ Date: _____ For Office Use Only Date received: Received by: Fee paid: _____ Received by: Date of inspection: Referred to Development Review Board: Date of Decision: Further explanation: Date approved: Effective date of permit: Date denied: of the Town of Waterford Zoning Regulations. Pursuant to Section(s):

Zoning Administrator

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