

Town of Barnard, Vermont
ZONING PERMIT APPLICATION

Permit No.

ZP

Parcel ID number

Est. cost of project

App. fee**

Applicant _____

Phone Number incl. area code (daytime)

Address _____

Email _____

Lot Size: _____

Street Address of Property _____

Property Owner (if not same as Applicant) _____

Address _____

DESCRIPTION OF PROPOSED WORK

Present use(s) of property: One-family Two-family Other: _____

Proposed use(s) of property: Same as existing Other: _____

Description of proposed work (incl. dimensions): _____

Closest distance between new structure/addition and the following property lines (as shown on sketch):

front/street: _____ ft. back: _____ ft. right: _____ ft. left: _____ ft.

Height: _____ ft. No. & type of farm animals for farm structures: _____

NOTICE: Permits must be approved a minimum of 15 days before commencing new use or construction. Use or construction authorized by this permit must be commenced within two years of issue unless delayed by litigation or permit expires.

ACTION OF THE ADMINISTRATIVE OFFICER

ID of zoning district: _____ ID and classification of use: _____

Application is REFERRED to the DRB for the following review and approval:

Waiver or Variance Conditional Use Other: _____

- - AO Signature: _____

FINAL ACTION OF THE ADMINISTRATIVE OFFICER

APPROVED APPROVED with conditions noted DENIED NO PERMIT REQUIRED

Comments: _____

- - AO Signature: _____

WARNING: State permits may be required for this project. Call Rick Oberkirch, State Permit Specialist, at 802-282-6488 or at Rick.Oberkirch@vermont.gov before beginning construction.

**See current fee schedule. Make check payable to Town of Barnard.

PROPERTY SKETCH

ZP

INSTRUCTIONS: Draw a lot outline and proposed construction within the lot showing distances to boundaries, existing buildings, roads and drives. For new residences show location of sewage facilities and water supply. Indicate North on your sketch. Use another sheet or attach plans if appropriate.

CERTIFICATIONS OF APPLICANT AND/OR PROPERTY OWNER

PROPERTY OWNER: The undersigned property owner hereby certifies that the information on this application is true and accurate, consents to its submission, and understands that if the application is approved, the zoning permit and any attached conditions will be binding on the property. Further, the undersigned authorizes the Administrative Officer access, at reasonable times, to the property covered by the permit issued under this application, for the purposes of ascertaining compliance with said permit.

Property Owner's signature

Date

APPLICANT (if not property owner): The undersigned applicant hereby certifies that ALL the information submitted on and with this application is true and accurate.

Applicant's signature

Date

OFFICE USE ONLY

- -
Received

\$ - -
Fee Paid or deposited

- -
Application deemed complete

An applicant and/or interested person (as defined in 24 VSA §4464) may appeal any decision of the Administrative Officer to the Development Review Board (DRB) within 15 days of the date of the decision. Said notice shall be in writing, mailed or delivered to the Clerk of the DRB, and give the reasons for the appeal. Failure to appeal this decision may prevent any party from arguing against its elements in a future hearing or appeal. 24 VSA §4472.