TOWN OF THETFORD APPLICATION FOR A ZONING PERMIT

APPLICATION #: PARCEL ID #: To Be Assigned By The Zoning Office) The undersigned hereby applies for a Zoning Permit for the project and use described below. A permit is issued on the passis of the representations contained herein. The permit shall become null and void in the event of misrepresentation and/or not being in compliance with State and Town laws and regulations, or failure to complete construction or initiate a use within two (2) years of the date of approval. In the event of noncompliance, I understand that this permit may be suspended until proper approval(s) is/are granted.	
	Mailing Address(Street or PO Box, Town, State and Zip Code)
	(Street or PO Box, Town, State and Zip Code) Telephone Number Email:
2).	Name of Applicant – If different (Print)
	Mailing Address
	(Street or PO Box, Town, State and Zip Code) Telephone Number Email:
***	************************************
3).	Project Location: House #: Street:
	Parcel No: Zone:
	Tax Map No: Historic:
	Is property located in a special flood hazard area? Yes No
4).	Please attach a copy of the tax map locating your property and all abutters.
5).	Description of Proposal (Including Use):
6).	Dimension: A. Area of Lot (Acres)
	B. Dimensions of Proposed Building, Addition or Other Structure
	C. Setback from Property Lines (Minimum 15') Side RearRear
	D. Setback from Centerline of Traveled Way (Minimum 40')
	E. Frontage on Highway
7). ****	Please supply a sketch on 8 ½" x 11" paper showing property lines and dimensions in feet for items A, B C, D, and E above. Please show location of all driveways, all buildings and all surface water (streams, rivers, ponds, pools, wetlands) on parcel.
8).	Is there a source of water on the lot? Is there a septic system on the lot? (If location is known, please show on sketch).
9).	Has an application for a septic system been filed? Permit Number Date Issued

TOWN OF THETFORD APPLICATION FOR A ZONING PERMIT – (Concluded)

CERTIFICATION STATEMENT

10). I, the undersigned, agree to abide by the Vermont Health and Environmental Regulations and the Town of Thetford Health and Zoning Regulations. The drawings, data, and statements, which I have included in this application, are true and correct.

The signatory, if other than the landowner, must submit a written statement from the landowner authorizing the signatory to

submit this application. (Circle) Landowner – Authorized Agent – Lessee – Optionee Date Witness 11). Filing Fee _____ Hearing Fee _____ Rec'd by _____ Date ____ By your signature below, you are giving the Listers permission for an **exterior** inspection of your property. Contact the Board of Listers for details or concerns at #785-2922, Ext. 4 during office hours, Tuesday and Wednesday, 8:30AM to 4PM. Homeowner Date **HEARING INFORMATION** Variance Hearing Required Conditional Use Hearing Not Required Reason: HEARING DATE(S): APPLICATION APPROVED ______ APPLICATION DENIED _____

<u>PLEASE NOTE</u>: The decision of the Administrative Officer may be appealed to the Development Review Board within 15 days of the date of the decision. No construction pursuant to this permit may begin until the appeal time has run. State permits may be required for this project. It is the obligation of the appellant to identify and obtain necessary state permits before beginning construction. All permits for wastewater and potable water are State issued. To obtain information regarding permits for wastewater and potable water, contact the Agency of Natural Resources, Wastewater Management Division, #(802)476-0190. To contact the regional State Permit Specialist for the Thetford area to determine what other state permits may be required, contact the Agency of Natural Resources Permit Specialist at #(802)476-0195.

Administrative Officer

(Vice) Chairman Zoning Board of Adjustment