

For Office Use Only

Application # _____ **Requires further review:** _____
 Date Received _____ Requires Planning Commission Review _____
 Fee Paid _____ Requires ZBA Approval _____
 Zoning District _____ Date of above review(s) _____
 Parcel Tax Map ID# _____ Result of above review(s) _____
 Flood Zone _____ Wetlands _____

Approved if signed by appropriate Authority: _____

Permit Valid ____/____/____ Permit Expires ____/____/____

An interested person has the right to appeal the approval of this application within 15 days. The application becomes valid on the 16th day after approval.

Form approved by Planning Commission 07/13/17

TOWN OF WHITINGHAM, VERMONT
PO Box 529, Jacksonsville, VT 05342
(802) 368-7500

APPLICATION FOR ZONING PERMIT

Location of Property (Street 911#) _____
 Name of Landowner _____ email address _____
 Mailing Address _____ zip code _____
 Telephone Numbers -- DAY _____ EVENING _____
 Name of Applicant/Representative _____ email address _____
 Telephone Numbers of Applicant/Representative - DAY _____

APPLICATION IS MADE TO:

___ Build ___ Alter ___ Repair ___ Extend ___ Remove/Demolish ___ Change of Use ___ New Sign
 ___ Single-Family Dwelling ___ Multi-Family Dwelling ___ Commercial/Business ___ Industrial
 ___ Accessory Structure ___ Right-of-Way ___ Home Occupation ___ Home Industry ___ Other

>>Any dwelling or additional living space greater than 500 square feet requires state energy code certification – REQUEST HANDBOOK

Description of Proposed Use and/or Structure: _____

Parcel Description:

Parcel Size/Acreage: _____ **Parcel Road Frontage:** _____

EXISTING SETBACKS:

Front (from centerline of road) _____ **PROPOSED SETBACKS:** _____
Right Side: _____ **Front** (from centerline of road) _____
Left Side: _____ **Right Side:** _____
Rear: _____ **Left Side:** _____
Height of Structure: _____ **Rear:** _____
Height of Structure: _____ **Height of Structure:** _____

Dimensions of all Existing Buildings

(i.e. 38'x26'=988 sq.ft.)

Home: _____ **Home:** _____
Garage: _____ **Garage:** _____
Accessory Bldg: _____ **Accessory Bldg:** _____
Other: _____ **Other:** _____

Dimensions of PROPOSED Buildings

NEW SQUARE FOOTAGE ON THIS APPLICATION _____

This is a LOCAL permit only. STATE permit(s) may be required. Use the state Permit Navigator to determine if you need one at <https://vermont.force.com/permitnavigator/s/>

Application # _____ Name _____

TOWN OF WHITINGHAM, VT
PO Box 529, Jacksonvillle, VT 05342
(802) 368-7500

APPLICATION FOR ZONING PERMIT

PERMISSION TO ENTER THE PROPERTY: Signing of this application authorizes the Zoning Administrator, Planning Commission, Zoning Board of Adjustment and/or Listers to enter onto the premises for the purpose of verifying the information presented.

The undersigned hereby affirms that all information presented in this application and all supporting forms, plans and documents is true, accurate, and complete and agree that, if any such information is found to be false or misleading, any permit or other approval granted on the basis of such information shall be deemed null and void. **Undersigned also affirms that he/she has contacted the State regarding needed permits.**

Property Owner Signature	Date	Applicant Signature	Date
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PLOT PLAN / SITE PLAN

This plan must show: Arrow pointing north ___ Street Name(s) ___ Property Lines & Dimensions ___ Existing and Proposed Structures with dimensions ___ Parking Areas ___ Driveway(s) ___ Setback Distances including from each side of property ___ Rear ___ Left Side ___ Right Side ___ Front Setback Distance from Center Line of Traveled Road (distances greater than 100 feet may be indicated as 100'(+)) on the plan) ___ Streams, Rivers, Bodies of Water ___ Water Supply ___ Sewage Treatment Area

This space reserved for recording in Land Records.

TOWN OF WHITINGHAM, VERMONT

APPLICATION FOR ZONING PERMIT INSTRUCTIONS

1. Fill in all the blanks, preferably in ink.
2. Applications must be deemed complete prior to action by Zoning Administrator.
3. If a question is not applicable, write "N/A".
4. Plot Plan/Site Plan must be complete and must accompany this application, if applicable.
5. All fees must be paid at the time of submittal.

Application forms are considered self-explanatory; however, the following explanations are offered for those lines where questions may arise:

Location of Property: E911 number and official street name (not PO Box, RD or RR).

Mailing Address: Provide entire current address including zip code.

Application is made to: Check those that apply (i.e. build + accessory structure to add a deck or build a shed).

Parcel Size/Acreage: Square feet or acreage (43,560 square feet in an acre).

Parcel Road Frontage: The road that the building faces.

Setbacks: Measured from the closest point of the existing/proposed building(s) to the property lines in a perpendicular direction. Front yard setback is measured from the center of the travelled road or right-of-way access.

Dimensions of building(s): width and depth of existing buildings and proposed buildings on lot.

Return the application, plot plan/site plan, and permit fee to the Town of Whitingham at PO Box 529, Jacksonsville, VT 05342. If the Zoning Administrator finds that your application is complete and that it conforms to the Whitingham Zoning Regulations currently in effect, you will be issued a permit by mail.

If the Zoning Permit is approved, interested parties may appeal the permit approval to the Zoning Board of Adjustment within 15 days of such act or decision. An application for appeal shall be submitted to the Zoning Board of Adjustment and a copy filed with the Zoning Administrator. This permit shall not take effect until the time and such appeal has passed. Any appeals of a decision made by the Zoning Board of Adjustment or Planning Commission shall be made to the Windham County Superior Court, Newfane, Vermont.

The Planning Commission has the responsibility to hear and decide upon applications for Right-of-Way for land without minimum required frontage. The Planning Commission shall act to approve or disapprove any such requested right-of-way within 45 days after the date of the final public hearing held, and failure to do so within such period shall be deemed approved. If you have any questions please contact the Zoning Administrator at (802) 368-7500.

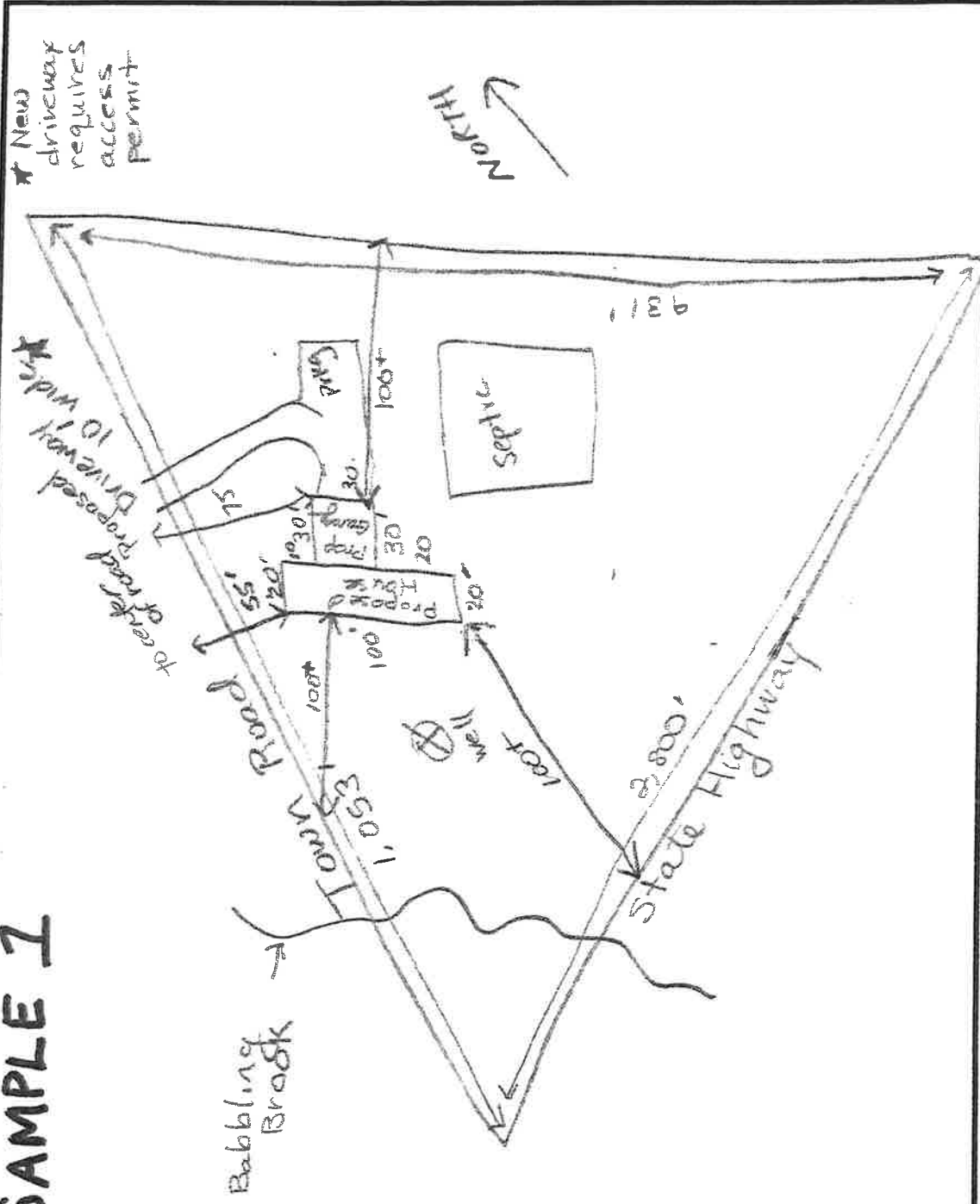
FEES:

Single Family Building	\$100.00*	Duplex Building	\$200.00*
Multi-Family Building	\$150.00 per unit*	Motel	\$50.00 per unit*
Commercial/Industrial	\$200.00*	Additional/Alterations (decks/porches)	\$25.00*
Accessory Structures:	\$25.00*	Fences over 4.5 feet in height	\$25.00
Demolition	\$10.00	Signs	\$25.00
SubDivision	\$75.00 per new lot (remaining lot not included)	Right-of-Way	\$75.00
Lot Line Adjustment	\$75.00	Change of Use	\$35.00
Primitive Camp	\$100.00*	Zoning Board of Adjustment Hearing	\$150.00
Site Plan Review	\$150.00	Joint Hearing of Zoning Board of Adjustment and Planning Commission	\$200.00

*plus \$.05 per square foot

ALL permit applications require a \$30.00 recording fee.

SAMPLE 1



SAMPLE 2

