

# APPLICATION FOR ZONING PERMIT

## TOWN OF WARREN

Office of Planning, Zoning & 911

PO BOX 337

WARREN, VT 05674-0337

(802) 496-2709, Ext 24 FAX (802) 496-2418, Email: zoning@warrenvt.org

APPLICATION NO. \_\_\_\_\_ GRAND LIST NO. \_\_\_\_\_

1. APPLICANT: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ eMAIL: \_\_\_\_\_

2. LAND OWNER: (If different from Applicant)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ eMAIL: \_\_\_\_\_

3. LOCATION OF PROPERTY: \_\_\_\_\_

4. ZONING DISTRICT: \_\_\_\_\_

### INSTRUCTIONS:

Please provide all of the information requested in this application (items 1-19 and sketch plan). Read the Land Use & Development Regulations and familiarize yourself with requirements for building and development in the Town of Warren. Failure to provide all required information will delay the processing of this application. Projects other than a 1 or 2 family residences or agricultural uses require additional information in addition to that requested here. Consult the regulations for application requirements. Submit one copy of this application and a check made out to the "Town of Warren" according to the fee schedule attached herein. 50% of the fee is refundable if the application is withdrawn prior to issuance of the permit.

The undersigned hereby applies for a Zoning Permit for the use described in pages 1-4 of this application, to be issued on the basis of the representations made herein, all of which the applicant swears to be true. ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION.

\_\_\_\_\_  
SIGNATURES OF ALL PROPERTY/LAND OWNERS DATE

\_\_\_\_\_  
SIGNATURES OF ALL PROPERTY/LAND OWNERS DATE

Date received at the Town Clerk's Office: \_\_\_\_\_ Fee received: \_\_\_\_\_

Date deemed complete and processed by the Zoning Administrator: \_\_\_\_\_

5. LEGAL INTEREST IN PROPERTY: FEE SIMPLE

6. DATE PROPERTY ACQUIRED: \_\_\_\_\_

7. DEED IN RECORDED BOOK: \_\_\_\_\_ AND PAGE: \_\_\_\_\_ OF LAND RECORDS

8. SIZE OF PROPERTY IN ACRES: \_\_\_\_\_

9. FRONTAGE ON ROAD(S): \_\_\_\_\_

(If property fronts on more than one road please include each frontage measurement individually.)

10. EXISTING USE OF PROPERTY AND DATE USE STARTED: RESIDENTIAL, [ ]

. RENTAL, [No ] (Yes) / (No), IF yes, VT Davison of Fire Safety Permit Must be Obtained.

. DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_

\_\_\_\_\_

12. PROPOSED NEW USE OF PROPERTY: \_\_\_\_\_

\_\_\_\_\_

13. DIMENSIONS OF PROPOSED AND EXISTING BUILDING(S):

PROPOSED: LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

NO. OF STORIES: \_\_\_\_\_ TOTAL SQUARE FOOTAGE: \_\_\_\_\_

EXISTING: LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

NO. OF STORIES: \_\_\_\_\_ TOTAL SQUARE FOOTAGE: \_\_\_\_\_

14. SETBACKS FROM ROAD(S) AND/OR STREAM(S): \_\_\_\_\_

PROPERTY LINES: FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ SIDE(S): \_\_\_\_\_, \_\_\_\_\_

15. DESCRIBE TYPE OF WATER SYSTEM: \_\_\_\_\_

16. A Health Permit is required from the Health Officer for new single and two-family residences and/or additions that significantly increase the septic requirements of single or two-family residences (additions of bedrooms, etc.). The Health Permit for sewage disposal systems MUST BE OBTAINED BEFORE THIS ZONING PERMIT CAN BE PROCESSED. Please attach a copy of the Health Permit to this application and provide information noted below. Please see Health Ordinance for more details. Copies are available at the Town Clerk's Office.

State or Town Health Permit No: \_\_\_\_\_ Date Approved: \_\_\_\_\_

System Designer: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

- 17. EXCAVATION REQUIRED FOR CONSTRUCTION: (Minimal, < 1000FT<sup>2</sup>), (Major > 1000FT<sup>2</sup>),  
Cubic Yards of fill \_\_\_\_\_, Ledge on site, Blasting required (Y or N)
- 18. ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_
- 19. COMPLETE THE SITE PLAN ON PAGE 4 OF THIS APPLICATION (YOU MAY ATTACH A SEPARATE SHEET), PROVIDING ALL REQUIRED INFORMATION.
- 20. HEATING /AC SYSTEM \_\_\_\_\_, HOT WATER HEAT SOURCE \_\_\_\_\_,  
RENEWABLES \_\_\_\_\_, OTHER (explain)
- 21. USE THIS SPACE BELOW TO PROVIDE ANY OTHER INFORMATION YOU FEEL IS RELEVANT FOR THIS APPLICATION.

**PLEASE NOTE THE FOLLOWING REGARDING THIS PERMIT APPLICATION:**

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**This application cannot be processed until all requested information is submitted in clear and readable form. You may attach addition sheets to this application.**

If a permit is granted on the basis of this application;

- 1) An interested person may appeal any decision made by the Zoning Administrator within 15 days of the date of issuance.
- 2) The permit shall not take effect until the appeal period has passed.

A permit granted on the basis of this application will be voided in the event of misrepresentations of the information contained herein, or if construction is not substantially complete within two (2) years from the date of issuance.

An extension for a permit may be requested prior to the expiration date of the issued permit.

If information contained in an issued permit changes (e.g. size of proposed structure) an amended application must be submitted with in 15 days of the change to the Zoning Administrator.

**SKETCH PLAN**

Please include 2 copies of the sketch of your project, drawn to scale, indicating all listed information. You may use the space provided bellow or attach a separate sheet no smaller than 8½” x 11”

- Location of existing and proposed structures
- Dimensions of all structures (including roof overhangs)
- Septic tank location
- Leach field location

- Property lines and dimensions
- Existing and proposed structures setbacks
- Easements and/or right-of-way
- Names of abutting properties
- Existing & proposed curb cuts & driveways
- Existing & proposed streets, sidewalks, curb cuts
- Signs, fences, stonewalls
- Other important information relevant to the application
- Location of water source
- Indicate wooded or open areas
- Location of utilities
- Locations of rives & streams
- Outside storage areas
- Location of dumpster
- Lighting plan & fixture sheet