FAX: 265-3176 • MUNICIPAL BUILDING • NORTH PARK PLACE • FAIR HAVEN, VERMONT 05743 • Tel. (802) 265-3010

Fee: Date Paid:	 		Received By: Application #	
	Town of l	F <b>air Haven</b> or Zoning Pern	nit	
Name of Applicant: Address:			Phone:	
Name of Property Owner: Address:			Phone:	
Location of Property:				
Property Deed Reference: Size of	Book # Property:	Page # Tax Map #	£	(See Town Clerk)
Current Use of Property:	Vacant Lot: Multi-Family: Commercial:		Single Family: # of Units: # of Units:	
Non-Conforming Use (Explain): Other Use (Expalin):				
Description of All Proposed Wo	rk:			
Square Footage of Proposed Ado	ditional Ground-Level A	Area:		
Proposed Building Height (Avg. Approximate Cost of New Cons Description of All Proposed Use	truction:	point of roof):		\$
Roads or Waterways Adjoining	Property:			
Does the Property Owner Own a		Yes		No

	REQUIRED I	NFORMATION		
Please attach a sketch of the pr	roperty showing as clearly	y as possible the locations and dimensions of:		
The Property	Driveways	Wells		
Existing Structures	Parking Areas	On-Site Septic Areas		
Proposed Structures	Wetland Areas	Floor Plans (All Floors Including Basement)		
Easements/Rights-of-Way	Areas in the Floodplain			
	•	rovided. When the sketch is not drawn to scale,		
• 11	CERTIFICATIO  eby certifies that all infor	N OF APPLICANT rmation submitted in this application regarding the		
The undersigned applicant here property is true and accurate an	CERTIFICATIO  eby certifies that all infor	N OF APPLICANT rmation submitted in this application regarding the ded is complete.		
The undersigned applicant here property is true and accurate as	CERTIFICATIO  eby certifies that all information providend the information providence.	N OF APPLICANT rmation submitted in this application regarding the ded is complete.  Signature		
The undersigned applicant here property is true and accurate as Date	CERTIFICATIO  eby certifies that all information provided the informati	N OF APPLICANT rmation submitted in this application regarding the ded is complete.  Signature  R'S AUTHORIZATION		
The undersigned applicant here property is true and accurate and Date  Place  The undersigned property own	CERTIFICATIO  eby certifies that all information provided the informati	PN OF APPLICANT rmation submitted in this application regarding the ded is complete.  Signature R'S AUTHORIZATION ne informaiton submitted in this application regarding		
The undersigned applicant here property is true and accurate at Date  Pl The undersigned property own the property is true, accurate at	CERTIFICATIO  eby certifies that all information provided the informati	Signature R'S AUTHORIZATION ne information submitted in this application regarding the ded is complete.		
The undersigned applicant here property is true and accurate and Date  Place  The undersigned property own	CERTIFICATIO  eby certifies that all information provided the informati	Signature R'S AUTHORIZATION ne information submitted in this application regarding the ded is complete.		

(**Please note:** All applications must be approved or denied by the Zoning Administrative Officer within Thirty (30) days of receipt of the completed application, accompanied by the required fee. While permit applications are usually processed shortly after receipt, an application may not be acted upon, for a number of reasons, until the end of the thirty-day period. Also, there is a fifteen (15) day appeal period between the date a Zoning Permit is issued and the date it becomes effective. Due to the time periods, please submit an application allowing sufficient time in advance of the planned start date of any construction or change of use.

Zoning permits are issued on the basis of the representations contained in the application. Permits will be void in the event of misrepresentation of application information.

## OTHER REQUIRED PERMITS

This form constitutes a <u>local permit application</u>. To determine what other permits may be required for your project, contact the State of Vermont, Department of Environmental Conservation, Permit Assistance Specialist. The local Specialist can be reached by:

Phone: 802-282-6488 Fax: 802-786-5915

Email: Rick.Oberkirch@vermont.gov

**Effective Date:** If a zoning permit is issued, it shall not take effect until the time for appeal (15 days) to the Zoning Board of Adjustment has passed. In the event a notice of appeal is properly filed, the permit shall not take effect until the final adjudication of the appeal. Zoning permits and associated approvals shall remain in

effect for **two (2) years** from the date of issuance. All development authorized by the Permit shall be required to continue development.

<u>Requirements:</u> It is the responsibility of the applicant to insure that a copy of the **Permit Notice Placard** is prominently displayed whithin view of the public right-of-way closest to the subject property. The **Permit Notice Placard** shall be displayed for **fifteen (15) days** following the issuance of the Permit.

FAILURE TO COMPLY WITH THIS NOTICE REQUIREMENT MAY DENY INTERESTED PER-SONS THEIR DUE PROCESS RIGHTS AND CAUSE THE VALIDITY OF THE PERMIT TO BE SUBJECT TO LEGAL CHALLENGE.

<u>Certificate of Compliance</u>: It is unlawful to use, occupy or permit the use or occupancy of any land or structure or part thereof created, erected, changed, converted, or wholly or partly altered or enlarged in its use or structure until a **Certificate of Compliance** is issued by the Administrative Officer stating the the proposed use of the land or structure conforms to the provisions of the Zoning Ordinance.

	For Completion by	the Administrative Officer	
	r		
Date of Receipt:			
Fees Paid:	\$		
Type of Use:			
Tax Map Number:			
Zoning District:			
Action by Administra	ative Officer:		
<ol> <li>Referred to the Plan</li> <li>Referred to the Zon</li> <li>Denied (Reason for</li> </ol>	ning Board of Adjustment		
,	,		
4. Approved:	Issued Zoning Per	rmit #	
4. 11pp10ved.			
This approval shall n	not become effective until:		
Date of Administrative	e Officer's Action:		
Administrative Office	r's Signature:		

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