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

Application for Zoning Permit for Sub-Division of Land

Under the zoning regulations now in effect, a zoning permit must be obtained before commencing a subdivision of land which will expand or change its present use. Also, the division of land into two or more parcels must obtain a zoning permit, if the land is located within the Flood Hazard Area.

This application form is intended to be used for the subdivision of land. If there is to be any construction, reconstruction, structural alteration, relocation or enlargement of any structure, or a change in use, then a separate application form must be obtained from the Zoning Administrator.

This form constitutes a local permit application only. Contact the State of Vermont District 1 Permit Specialist at 802-282-6488, or the Assistant Regional Engineer at 802-786-5900 to receive information on State of Vermont subdivision permit requirements.

Tax Map Description: Lot #	Deed Reference: Book #	
Landowner Name:		
Applicant Name:		
Lot Size Prior to Sub-Division: Lot 1: Area:		Depth:
Lot Sizes After Sub-Division: Lot 1: Area:		•
Lot Sizes After Sub-Division: Lot 2: Area:	Width:	Depth:
A general plot plan showing the location of the property of-ways, lot areas and lot dimensions must be attached Signature of Applicant:	to this application.	Date:
Please Note: If any proposed lot does not have frontage public water by a permanent, deeded easement or right-easement or right-easement or right-of-way, please provide a plan of information listed above. Any such easement or right-of a zoning permit by the Administrative Officer.	e on a public road or public water, it m t-of-way at least twenty feet (20') in we the proposed easement or right-of-w	nust have an access to a public road or width. If a lot is to have access by ar yay in addition to the other required
Fo	r Office Use Only	
Date of Receipt: Fee F	Paid:	
Tax Map Number before Sub-Division:		
Planning Commission: Approval Date:	Denial Date:	
Zoning Administrative Officer: Approval Date:	Denial Date	e:
	Date:	

Town of Fair Haven Application for Zoning Permit

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. 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 years** from the date of issuance. All development authorized by the permit shall be substantially commenced within **nine months** of issuance or re-application and approval 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 within view of the public right-of-way closest to the subject property. The **Permit Notice Placard** shall be displayed for **15 days** following the issuance of the permit.

Failure to comply with this notice requirement may deny interested persons 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 that the proposed use of the land or structure conforms to the provisions of the Zoning Ordinance.

	For Completion by the Administrative Officer
Date of Receipt:	
Fees Paid:	
Type of Use:	
Tax Map #:	
Zoning District:	
Action by Administrative Officer	
1 Referred to the Pla 2 Referred to the Zon	nning Commission ning Board of Adjustment
3 Denied (Reason):	
4 Approved	Issued Zoning Permit #
This approval shall not	become effective until:
Date of Administrative	Officer's Action:
Administrative Officer'	s Signature: