

Fee: _____

Received By: _____

Date Paid: _____

Application # _____

Town of Fair Haven
Application for Zoning Permit

Name of Applicant: _____ Phone: _____

Address: _____

Name of Property Owner: _____ Phone: _____

Address: _____

Location of Property: _____

Property Deed Reference: _____ Book #: _____ Page #: _____ (See Town Clerk)

Size of Property: _____ Tax Map #: _____

Current Use of Property: Vacant Lot: Single Family:
Multi-Family: # of Units: _____
Commercial: # of Units: _____

Non-Conforming Use (Explain): _____

Other Use (Explain): _____

Description of All Proposed Work: _____

Square Footage of Proposed Additional Ground-Level Area: _____

Proposed Building Height (Avg. finish grade to highest point of roof): _____

Approximate Cost of New Construction: \$ _____

Description of All Proposed Uses: _____

Roads or Waterways Adjoining Property: _____

Does the Property Owner Own an Adjoining Property?: Yes No

If yes, Please Describe Adjoining Property: _____

REQUIRED INFORMATION

Please attach a sketch of the property showing as clearly 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	

When the sketch is drawn to scale, the scale must be provided. When the sketch is not drawn to scale, all dimensions and distances must be provided. (See p. 4)

CERTIFICATION OF APPLICANT

The undersigned applicant hereby certifies that all information submitted in this application regarding the property is true and accurate and the information provided is complete.

Date

Signature

PROPERTY OWNER'S AUTHORIZATION

The undersigned property owner hereby certifies that the information submitted in this application regarding the property is true, accurate and complete and that the applicant has full authority to request approval for the proposed use of the property and proposed and existing structures.

Date

Signature

(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 local permit application. The applicant or permittee retains the obligation to identify, apply for and obtain relevant state permits for this project. To determine what State Environmental Permits may be required for your project, the Vermont Agency of Natural Resources recommends that you use Permit Navigator Tool by going to the VT Department of Environmental Conservation website [Welcome to DEC|Department of Environmental Conservation \(vermot.gov\)](http://www.dec.state.vt.us) and go to the "Permit Navigator Tool" [Permit Navigator \(force.com\)](http://www.force.com). It asks a series of questions and gives an end "Permit Results Report", with referrals to appropriate programs.

If further assistance is needed, contact the Community Assistance Specialist for your area. The local specialist can be reached by: Phone: 802-282-6488 Fax: 802-786-5915
Email: Rick.Oberkirch@state.vt.us

Application for Zoning Permit (cont.)

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.

Requirements: 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 **fifteen (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.

Certificate of Compliance: 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 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 Number: _____

Zoning District: _____

Action by Administrative Officer:

1. Referred to the Planning Commission _____
2. Referred to the Zoning Board of Adjustment _____
3. Denied (Reason for Denial): _____

4. Approved: Issued Zoning Permit # _____

This approval shall not become effective until: _____

Date of Administrative Officer's Action: _____

Administrative Officer's Signature: _____

