

Town of Stockbridge, Vermont
2020 ZONING PERMIT APPLICATION

Permit #:

Parcel ID#:

Applicant: _____

Address: _____

Daytime Telephone: _____

Evening Telephone: _____

Property Location: _____

Present use(s) of property: { } One or Two Family Residential { } Number of Bedrooms: _____

{ } Other (describe) _____

Proposed use(s) of property: { } Same as Existing { } Number of Bedrooms: _____

{ } Change of Use (describe) _____

The proposed work involves the following (check all that apply) { } New Structure { } Farm Structure

{ } Alteration/renovation { } Addition/enlargement { } Other _____

Description of work (Include total Sq.Ft. or dimensions: _____

REQUIRED: Please attach a drawing of the property that includes:

1. Location and dimensions of existing and proposed structures, label as such
2. Distance between structures and property lines, center of roadway, upper edge of stream/river bank
3. Location of driveways and parking areas
4. Location of well and septic system
5. Location of any easements or rights-of-way
6. **WARNING: State permits may be required for this project. Call 802-279-4747 to speak to the state Permit Specialist before beginning any construction.** <https://dec.vermont.gov/water/forms/ww-systems-permits> Septic Permit
<https://vtrans.vermont.gov/planning/permitting> If new road access is adjoining a State Highway

CERTIFICATION OF APPLICANT

The undersigned applicant here by certifies that all information submitted on this application is true and accurate.

Applicants Signature _____

Date _____

CERTIFICATION OF PROPERTY OWNER

The undersigned property owner hereby certifies that the information on this application is true and accurate and that the applicant has full authority to perform the work. The undersigned further authorizes access by the Zoning Administrator, at reasonable times, to the property covered by a permit under this application for the purposed of ascertaining compliance with said permit.

Property Owner's Signature _____

Date _____

ADMINISTRATIVE USE ONLY: (24 VSA Section 4464 provides that every action may be appealed within 15 days)

{ } Approved * _____

APPLICATION FEE: \$ _____

{ } Approved with conditions _____

DATE RECEIVED: _____

{ } Denied* _____

{ } No Permit Required _____

{ } Denied pending the following approvals/permits

{ } Conditional Use { } Variance { } Site Plan { } Septic Permit { } Road Access Permit { } Subdivision Permit { } Other

Date: _____

Signature of Zoning Administrator _____