

Town of Stockbridge, Vermont
ZONING PERMIT APPLICATION

Permit #:

Parcel #:

Please Print legibly and complete entire application

Applicant: _____ Owner: _____
Property Address: _____ Mailing Address: _____

Daytime Telephone: _____ Daytime Telephone: _____
Evening 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

WARNING: State permits may be required for this project. Call 802-279-4747 to speak to the state Permit Specialist before beginning any construction. IE: Vermont DEC (.gov), Vermont Agency of Transportation (VTrans) (.gov), RBES, CBES

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 _____