

Application for zoning, land use, subdivision or site development

Zoning ID#: _____

Parcel ID #: _____

Property/E-911 address: _____ St. Johnsbury, VT 05819

Property owner's name: _____

Mailing address if different than E-911 address: _____

City: _____ State: _____ Zip Code: _____

Phone and name of person to contact: () _____

Proposed use or development: _____

Commercial ___ Residential ___ New construction ___ Renovation ___

Change of use ___ Sign ___ Fence ___ Home occupation ___ Other _____

Construction may require one or more permits from the Agency of Natural Resources, Department of Public Safety or Department of Public Works or other agencies. To determine which state permits are required for your project call the office of the [Permit Assistance Specialist](#) (802-505-5367). Your Project Review Sheet, completed by the State Permit Assistance Specialist, must be included with this application. Proof of application with the Department of Public Safety should be included with this application. Driveways, curb cuts, and streets entering onto a state or town road or highway require review from the Agency of Transportation as well as the Department of Public Works. Changes in municipal potable or waste water demands need Department of Public Works approval for allocation. Connections to storm water drains and/or connections need Department of Public Works approval for allocation.

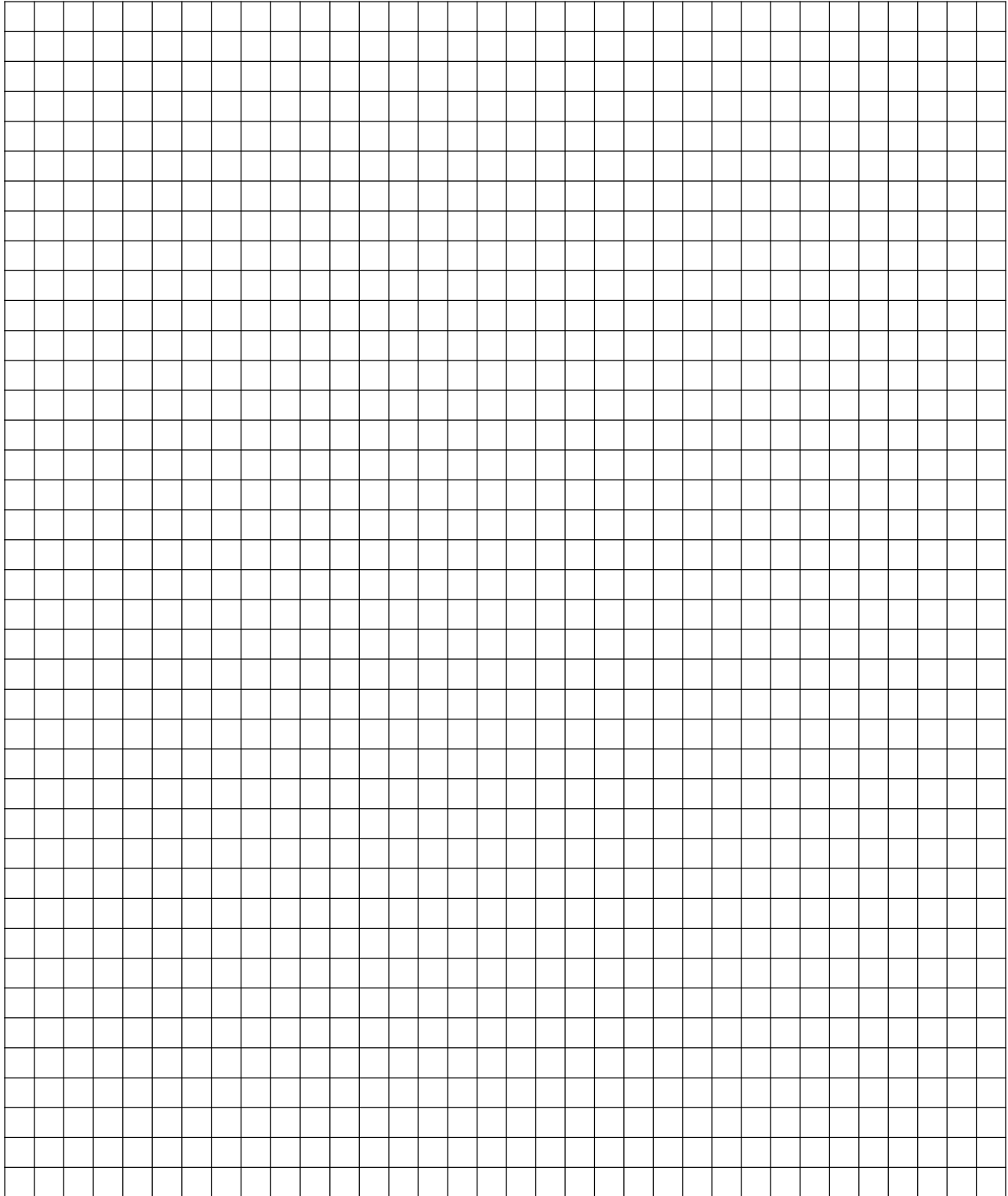
Owner's Signature: _____ Date: _____

Authorized agent's signature: _____ Date: _____

Site Development: show all proposed construction, land or site development:

Show structure's Length _____ Width _____ Height _____

Show setbacks from Front _____ Rear _____ Side _____ Side _____



Property location information:

Zoning district: R-A R-B R-T RL-1 RL-2 MU HS COM IND C-D

Design control district - Yes/No

Town Water - Yes/No

Town Sewer - Yes/No

Change of use:

Explain existing use:

Explain proposed use:

ZONING OFFICE USE ONLY

Date Application Completed _____

Design control district ___ Site review ___ Conditional use permit ___ Variance ___ Appeal ___

Referred to Design Advisory Committee yes/no Date: _____ Returned date: _____

Referred to Development Review Board yes/no Hearing Date: _____

Submitted to Agency of Natural Resources yes/no Date: _____ Approved: yes/no

Submitted to Secretary of Transportation yes/no Date: _____ Approved: yes/no

Permit Approved: _____ With conditions: Yes ___ No ___ Denied: _____

By Development Review Board

THIS APPLICATION IS:

Granted/Permit No: _____ Denied: ___ Exempt: ___

By: _____ Date: _____

H. Paul Berlejung, zoning administrator

Reasons for denial/conditions: _____

Additional Notes/Comments:

Zoning Administration

Permit Fee Schedule and Payment Record

Zoning Fee Structure

- Zoning application – all applications \$30
- Development Review Board Hearing - all requests for board hearing \$30
 - Minor Subdivision \$ 0 per lot 0
 - Major Subdivision \$10 per lot > 4 \$10 X
 - Other
- Design Advisory Committee Review 0
- Request for Certificate of zoning compliance \$10

Payment Record

Zoning ID: _____

Last Name: _____

Zoning Permit Fees Due

Application Fee \$30.00 Received _____

DRB Hearing Fee \$30.00 Received _____

Subdivision Fee # Lots _____ \$10.00 per lot Received _____

Request for Cert of Compliance \$10.00 Received _____

Other \$ Received: _____

Total Due: _____ Total Received: _____