

# Application for Zoning Permit Land Use, Subdivision, or Site Development

Please use this form to request approval of planned use or development of your property as required in the Town Subdivision and Zoning Ordinance available on [www.stjvt.com](http://www.stjvt.com). It is highly recommended that applicants discuss the intended use, application and requirements with the Zoning Administrator prior to submission to ensure that all necessary information is submitted and to ensure efficient and timely processing of the application. (802) 748-3926

**Property Owners Name:** \_\_\_\_\_ **Daytime Phone: ( )** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Property Address (if not the same):** \_\_\_\_\_

**E-911 Locatable Address (if not the same):** \_\_\_\_\_

**TAX ID (map-lot-block):** \_\_\_\_\_ **Parcel ID #:** \_\_\_\_\_

**Proposed Use and/or Development:** \_\_\_\_\_

I, the undersigned, request approval for the use and/or construction stated, to be issued on the basis of the representation contained in this application and any required submission materials. I fully understand that any incorrect or misleading representations may result in the permit becoming void and legal action instituted by the Town of St Johnsbury. I further understand that the permit may contain conditions with which I will be required to comply.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ZONING ADMINISTRATION OFFICE USE ONLY

**Zoning ID:** \_\_\_\_\_ **Date Application Complete:** \_\_\_\_\_

**Permitted** \_\_\_\_\_ **Conditional Use** \_\_\_\_\_ **Waiver** \_\_\_\_\_ **Variance** \_\_\_\_\_ **Appeal** \_\_\_\_\_

**Referred to Design Advisory Committee**    yes/no    **Review 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:** \_\_\_\_\_

**Permit Approved:** \_\_\_\_\_ **With conditions: Yes/No**    **Denied:** \_\_\_\_\_ **Tabled:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Chair, Development Review Board**

Upon the representations contained herein this Zoning Request is hereby:

**Exempt** \_\_\_\_\_ **Granted [Permit No]:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

**By:** \_\_\_\_\_, **Zoning Administrator**    **Date:** \_\_\_\_\_

**Reasons for Denial or Conditions:** \_\_\_\_\_

**Ordinance Sections that apply:** \_\_\_\_\_

**Completion/Occupancy Certified: Date:** \_\_\_\_\_ **Conditional Yes/No Date:** \_\_\_\_\_

*A copy of the complete application is on file in the Zoning Administrator's Office.*

Zoning ID \_\_\_\_\_

Planning and Zoning Office  
51 Depot Square  
St Johnsbury, Vermont 05819

**Commercial and Residential Construction:** Commercial construction may require one or more permits from the Agency of Natural Resources, [Natural Resources Board \(Act 250\)](#), [Division of Fire Safety](#) (Department of Public Safety 802-479-4434), and other agencies. To determine which State permits are required for your project call the office of the [Permit Assistance Specialist](#) (802-505-5367). ***Important: Your Project Review Sheet, completed by the State Permit Assistance Specialist, must be included with this application. Proof of application with the Dept 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 Town Dept of Public Works.

**Changes in municipal potable or waste water demands need Public Works approval for allocation. Please complete form xxxxxx found on STJVT.com**

**Connections to StormWater drains and/or connections to StormWater drains need Public Works approval for allocation**

**Renovation and/or Accessory Structures:** Can be either commercial or residential and typically involve new or improved structures or property. Commercial renovation may trigger the need to amend current permits and/or acquire authorizations not previously required.

**Type of Use Requested:**  Residential  Commercial  
 New Construction  Renovation  Change of Use  Sign  Fence  Home Occupation  Other \_\_\_\_\_

If Commercial: Legal Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

in that proceeding by the appropriate municipal panel (Development Review Board) to Environmental Court in Accordance with 24 VSA, Chapter 117, §4471, in writing, within 30 days of the date of such decision.

If you fail to appeal a decision, your right to challenge the decision at some future time may be lost because you waited too long. You will be bound by the decision, pursuant to 24 V.S.A. §4472(d).

THIS IS A LOCAL PERMIT APPLICATION ONLY.

Other permits may be NECESSARY. To determine if other permits are required, contact the State Regional Permit Specialist at (802) 505-5367 and the State Dept. of Labor and Industry at (802) 828-5098.

You must sign and pick up your approved Permit at the Zoning Administration Office. The permit is not effective until after the appeal period has ended.

**ACKNOWLEDGMENT OF RESPONSIBILITY**

I hereby affirm that I am the fee title owner or the owner's agent\* of the property for which this application has been made. I am the party whom the Town should contact regarding any matter pertaining to this application and it is my responsibility to keep myself informed of the progress of the application.

I further understand that additional information such as a survey of the property, traffic analysis, or expert testimony may be required for analysis of the application, and that upon my written authorization, fees for such additional information will be my responsibility.

I agree to allow Town personnel access to the property to review all aspects of this application and for tax assessment purposes.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: \*Written documentation must be submitted and approved by the Zoning Administrator proving that the agent is legally authorized to act on the property owner's behalf.

Zoning ID \_\_\_\_\_

Application Status (*Zoning office use only*):  State Project Review Sheet  Town Water Allocation  AOT Access  State Road Access  Town Road Access  Site Plan and/or Building Plan  Fee Paid

**ADJACENT PROPERTY OWNERS (name, address) (you may attach abutter list)**

**Neighbor 1: North** \_\_\_\_\_  
**Neighbor 2: South** \_\_\_\_\_  
**Neighbor 3: East** \_\_\_\_\_  
**Neighbor 4: West** \_\_\_\_\_  
**Neighbor 5:** \_\_\_\_\_  
**Neighbor 6:** \_\_\_\_\_

**Property Location Information** (*reference zoning map on the town website www.stjvt.com*)

Property In Zoning District:  RA  RB  RT  RL1  RL2  MU  HS  COM  IND  CONS  
Overlay District:  Designated Downtown  Historic District  
Lot Size (in acres): \_\_\_\_\_ Town Water Yes/No Town Sewer Yes/No  
Flood Plain/River Corridor/Wetlands: Yes/No  
If yes: FEMA Map Panel # \_\_\_\_\_ Flood Elevation \_\_\_\_\_ (*Attach FEMA or ANR maps*)

**Request Type: Renovation of existing structure:** Explanation of work to be done:

**Request Type: Change of Use** (*if home occupation please complete and attach home occupation questionnaire*)

Explain existing use: \_\_\_\_\_  
Explain proposed use: \_\_\_\_\_  
Current Seating capacity: \_\_\_\_\_ Proposed Seating capacity: \_\_\_\_\_  
Current Parking capacity: \_\_\_\_\_ Proposed Parking capacity: \_\_\_\_\_  
Accessory Use: Primary Building/Residence Sq ft \_\_\_\_\_ Accessory Use Sq ft \_\_\_\_\_

**Request Type: Site Development** (Construction, Subdivision, PUD, PRD, land development, demolition)

(*attach site plan drawing drawn to scale per applicable ordinance*)

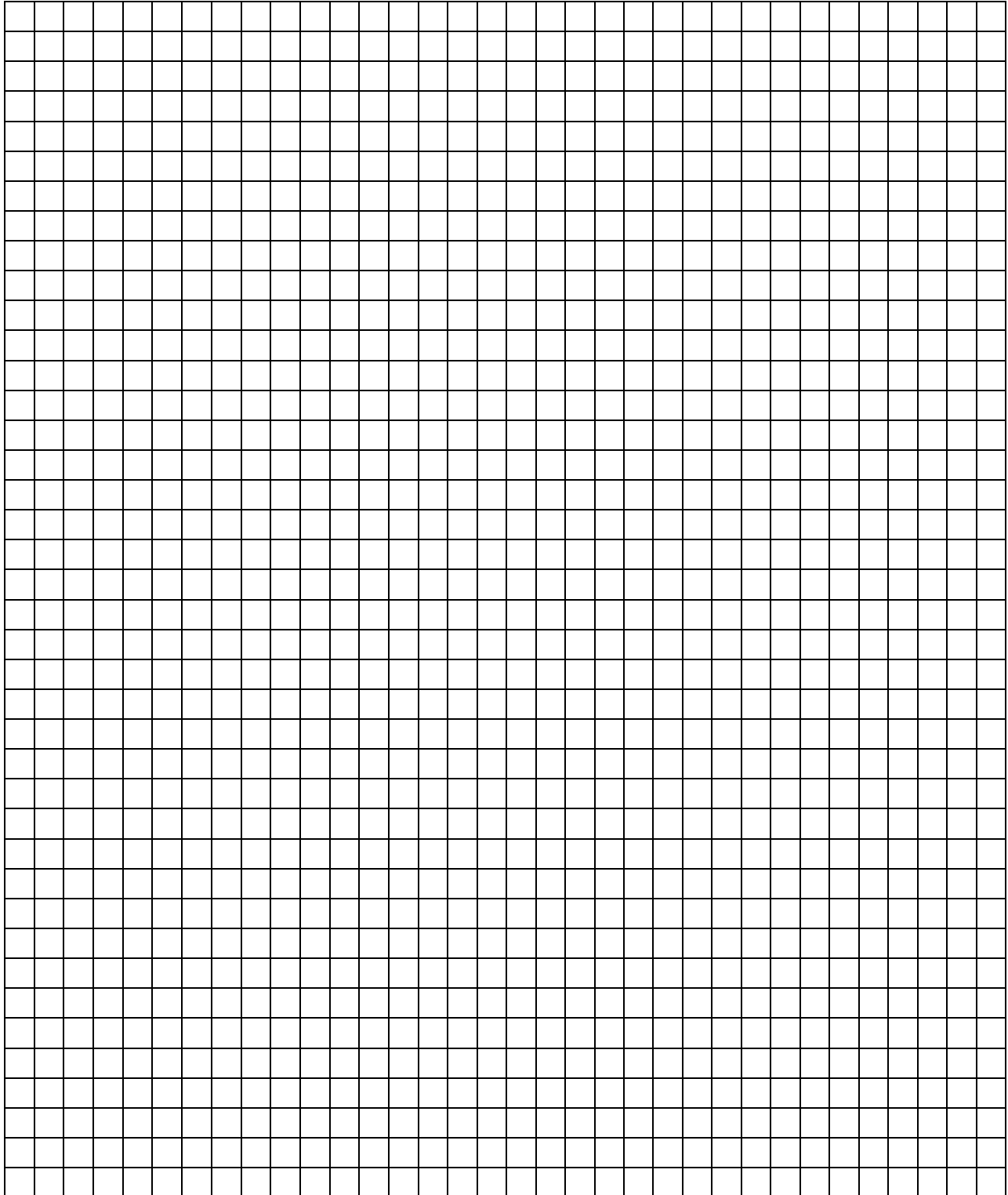
Explain proposed construction, land or site development:

Accessory Structure: Primary Building/Residence Sq ft \_\_\_\_\_ Accessory Structure Sq ft \_\_\_\_\_ % \_\_\_\_\_  
Dimensions of new building: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ # Floors \_\_\_\_\_ Sq ft \_\_\_\_\_  
Setback: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_  
Current lot coverage: \_\_\_\_\_ Proposed Lot Coverage: \_\_\_\_\_  
If subdivision: Number of parcels: \_\_\_\_\_ If PRD Number of residential units: \_\_\_\_\_  
If PUD Number of units: \_\_\_\_\_ If Building, Fence, or Landscaping maximum height: \_\_\_\_\_  
If moving soil or gravel, square yards being moved: \_\_\_\_\_

Additional Notes/Comments

Zoning ID \_\_\_\_\_

**Site Plan Drawing** (see Design Guide – Site Plans, Fences, Signs) *Please include all structures, setbacks, lot coverage calculation; differentiate existing and proposed changes. For new construction or renovations please include drawings of building heights. For additional requirements see current ordinance. Attach supporting documents as needed.*



**Zoning Administration**

**Permit Fee Schedule and Payment Record**

Zoning Fee Structure

- |  |      |
|--|------|
| <input type="checkbox"/> Zoning Permit Application – all applications                      | \$30 |
| <input type="checkbox"/> Development Review Board Hearing - all requests for Board Hearing | \$30 |
| <input type="checkbox"/> Minor Subdivision       \$ 0 per lot                              |      |
| <input type="checkbox"/> Major Subdivision       \$10 per lot > 4                          |      |
| <input type="checkbox"/> Filing Final Site Plan Hardcopy Mylar with Town Clerk             | \$15 |
| <input type="checkbox"/> Design Advisory Committee Review                                  | \$0  |
| <input type="checkbox"/> Request for Certificate of Zoning Compliance                      | \$10 |

Payment Record

Zoning ID: \_\_\_\_\_  
 Permit 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 _____
Site Plan Mylar Recording	\$15.00	Received _____
Request for Cert of Compliance	\$10.00	Received _____
Total Due: _____		Total Received: _____