

Application for 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. 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: _____

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.

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. A good place to start to determine necessary State permits for your project is the office of the [Permit Assistance Specialist](#) (802-505-5367).

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 Dept of Public Works.

Changes in municipal potable or waste water demands may need Public Works approval.

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 new authorizations not previously needed.

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.*

RIGHT TO APPEAL

An interested person may appeal any decision by the Administrative Officer to the Development Review Board in accordance with 24 VSA, Chapter 117, §4465, in writing, within 15 days of the date of such decision.

An interested person who has participated in the municipal regulatory proceeding may appeal the decision rendered 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 _____

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: _____

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: Yes/No If yes: FEMA Map Panel # _____ Flood Elevation _____

(Attach FEMA flood plain map)

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: _____

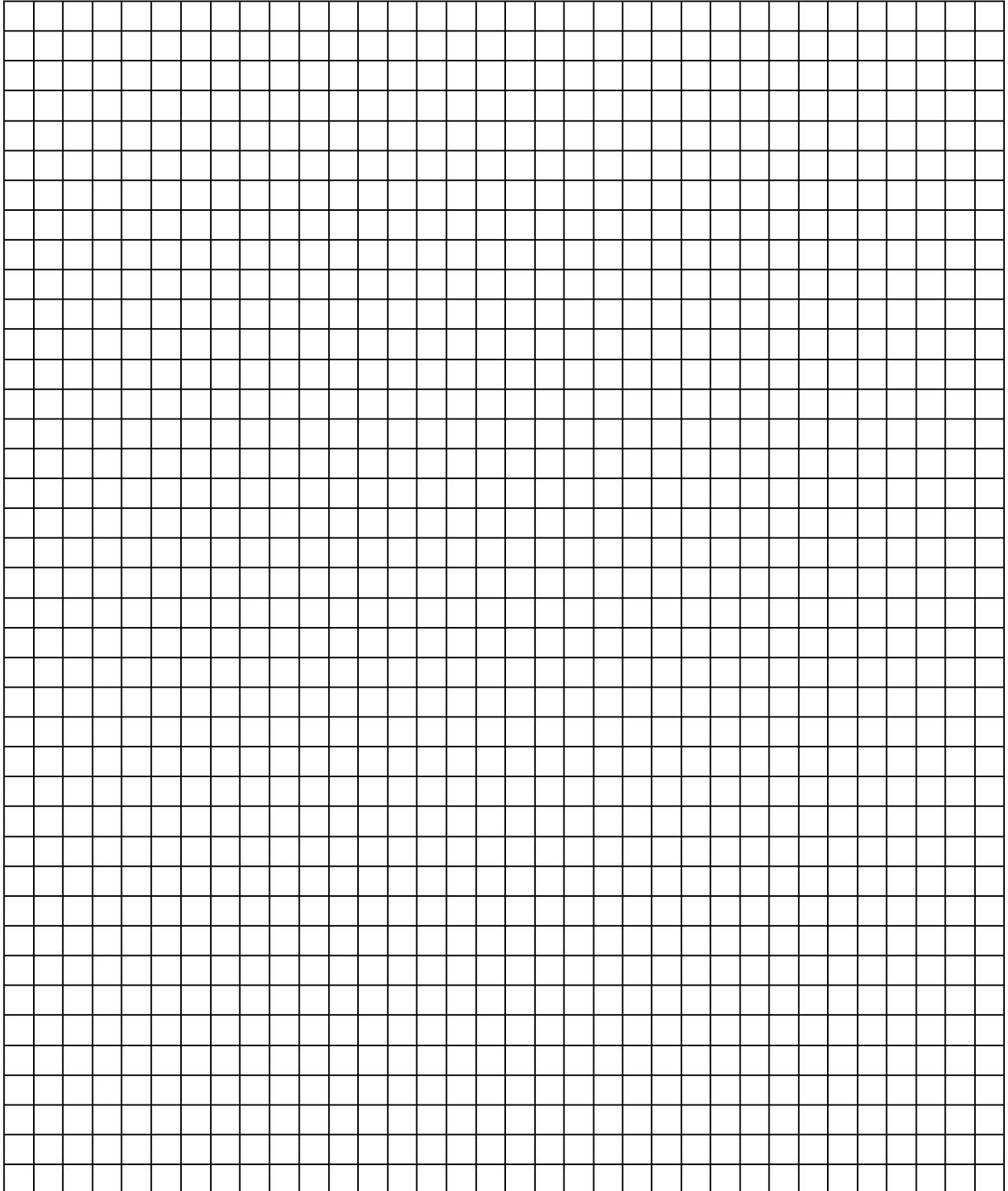
If PUD Number of units: _____ If Building, Fence, or Landscaping maximum height: _____

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: _____