

# TOWN OF BARNET, VT.

## ZONING PERMIT APPLICATION FORM

APPLICATION NO. \_\_\_\_\_

Please type or print plainly (black ink is best) & answer ALL questions. No staples.

Incomplete or illegible applications will be returned & processing delayed.

NAME OF APPLICANT(S)/LANDOWNER(S) AS ON DEED \_\_\_\_\_

PHONE #(\_\_\_\_) \_\_\_\_ - \_\_\_\_; MAILING ADDRESS \_\_\_\_\_

NAME OF LANDOWNER(S) IF DIFFERENT FROM ABOVE \_\_\_\_\_

PHONE#(\_\_\_\_) \_\_\_\_ - \_\_\_\_; MAILING ADDRESS \_\_\_\_\_

LOCATION & DESCRIPTION OF PROPERTY: PARCEL ID #\_\_\_\_-\_\_\_\_-\_\_\_\_:

TH#\_\_\_\_, SA#\_\_\_\_, NAME&#\_\_\_\_\_ FRONTAGE\_\_\_\_\_ FEET

PVT. ROAD NAME &#\_\_\_\_\_ FRONTAGE\_\_\_\_\_ FEET

US ROUTE 5 SOUTH #\_\_\_\_OR US ROUTE 5 NORTH #\_\_\_\_\_ FRONTAGE\_\_\_\_\_ FEET

SIZE OF LOT \_\_\_\_\_ACRES+/-; DISTRICT: AG(\_\_\_\_) LD (\_\_\_\_) RR (\_\_\_\_) VILL (\_\_\_\_)

SHORELINE FRONTAGE \_\_\_\_\_ FEET; PRESENT USE\_\_\_\_\_ NEW USE\_\_\_\_\_

NAME OF ADJOINING PROPERTY OWNERS \_\_\_\_\_

PROPOSED CONSTRUCTION: TYPE & # \_\_\_\_\_

SIZE OF EACH \_\_\_\_\_ HEIGHT \_\_\_\_\_ FEET

SETBACKS OF STRUCTURES FROM PROPERTY LINES: SIDELOT LINES\_\_\_\_\_/\_\_\_\_\_ FEET

REAR\_\_\_\_ FEET.; PUBLIC ROAD \_\_\_\_\_ FEET.; PRIVATE ROAD \_\_\_\_ FEET.; SHORELINE \_\_\_\_\_ FEET

PRIVATE RIGHT OF WAY \_\_\_\_\_ FEET. OR ELECTRIC OR PHONE LINES \_\_\_\_\_ FEET

**SKETCH WHICH SHALL INCLUDE:** A bird's-eye-view of the shape and size of the lot; the shape, size, and location of ALL structures already on the lot in relationship to all property and right-of-way lines, including electric and/or phone lines. Include location of water supply and sewage systems. Include any structure to be erected, moved or altered. Does not need to be to scale, but please include all the information as requested.

SUBDIVISION: NUMBER OF LOTS \_\_\_\_\_; SIZE OF EACH LOT \_\_\_\_\_ ACRES +/-.  
STATE PERMIT IS REQUIRED FOR SUBDIVISION & SEWAGE APPROVAL. PLEASE CALL  
ROBERT PELOSIE AT (802) 751-0128.

APPLICANT CERTIFICATION:

The undersigned applicant(s) affirms that the information presented on this application is true, accurate and complete. Any Permit issued shall be null and void if any information provided is inaccurate or misrepresented.

APPLICANT(S) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_

LANDOWNER(S) CERTIFICATION:

The undersigned property owner(s) hereby consent to submission of this application and understand that if the application is approved the Zoning Permit and any attached conditions will be binding on the property. State of Vermont permits may also be needed.

LANDOWNER(S) SIGNATURE(S) AS ON DEED \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_

The Administrative Officer has 30 days to act on a permit application. An Interested Person as outlined in VSA Title 24, Chapter 117, Section 4465 (a), can appeal any act or decision by the Administrative Officer by filing a notice of appeal with the Secretary of the Board of Adjustment within 15 days of the date of such decision or act. An interested person may appeal a decision of the Board of Adjustment to Environmental Court within 30 days of the decision in accordance with VSA Title 24, Chapter 117, Section 4471.

ZONING PERMIT FEES: PERMITTED USES: \$20.00 PLUS \$10.00 RECORDING FEE; CONDITIONAL USES, VARIANCES & APPEALS \$30.00 PLUS \$10.00 RECORDING FEE. "LATE FILING FEE SHALL BE TWO TIMES THE ORIGINAL OR REGULAR FEE." PLEASE MAKE CHECKS PAYABLE TO "TOWN OF BARNET" AND INCLUDE WITH APPLICATION TO THE ADMINISTRATIVE OFFICER, SHIRLEY WARDEN, 521 WARDEN ROAD, BARNET, VT. 05821. PHONE #(802) 633-4993 (BEFORE 8:30 A.M. IS BEST).

**DO NOT WRITE BELOW THIS LINE (form date 11)**

**FOR TOWN USE ONLY**

Original to Town Clerk; Copies to Applicant, Board of Listers, Adjoining Landowners & 1 posted

RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_\_. FEE \$ \_\_\_\_\_ CHECK NO. \_\_\_\_\_ ACTED ON \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

DENIED & REFERRED TO THE BOARD FOR:

<input type="checkbox"/> CONDITIONAL USE	APPROVED <input type="checkbox"/> OR DENIED <input type="checkbox"/>	DATE ____/____/_____
<input type="checkbox"/> BACK LOT OR SITE PLAN REVIEW	APPROVED <input type="checkbox"/> OR DENIED <input type="checkbox"/>	DATE ____/____/_____
<input type="checkbox"/> VARIANCE OR APPEAL	APPROVED <input type="checkbox"/> OR DENIED <input type="checkbox"/>	DATE ____/____/_____

SIGNED, CHAIRMAN, PLANNING/ZONING BOARD \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_

PERMIT APPROVED  OR DENIED  PERMIT EFFECTIVE \_\_\_\_/\_\_\_\_/\_\_\_\_\_. PERMIT EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_\_

SIGNED, ZONING ADMINISTRATIVE OFFICER \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_

COMMENTS: