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| **APPLICATION FOR ZONING PERMIT** |
| The undersigned hereby requests a zoning permit for the following use, to be issued on the basis of the representations contained herein. Permit will become void in the event of misrepresentation or failure to undertake construction within one year of the date of approval or completion within two years. |
| Owner of Record: |   |
| Mailing Address: |   |
| Telephone: |   |
| Telephone: |   |
| Email: |   |
| Representative or Contact Person:(if different from owner) |   |
| Mailing Address: |   |
| Telephone: |   |
| Telephone: |   |
| Email: |   |
| **Description of Property** (The following information may be obtained in the Mendon Town Office.) |
| Deed to this parcel is recorded in: | Book |   | Page |   |
| Zoning District:  |   |
| Names of all Owners of Record: |   |
| 911 Street Address: |   |
| Property Tax Map Number: | Map |   | Block |   | Parcel |   |
| Lot Size: |   |
| **Description of Project** |
| Nature of Project(New construction that requires a well or septic system requires a State of Vermont Wastewater Permit.) |   |
| Existing Use and Occupancy  |   |
| Change of Use(requires site plan approval) |   |
| Existing Number of Bedrooms |   |
| Proposed Number(The addition of any bedroom(s) that increases the design flow for the water and wastewater systems requires a State of Vermont Wastewater Permit.) |   |
| Proposed Use and Occupancy |   |
| **Project Specifications** |
| **Building Description** | **Existing**  | **Proposed** |
| Length: |   |   |
| Width: |   |   |
| Number of Stories: |   |   |
| Max. Height of Highest Finished Floor |   |   |
| **Total Square Feet of Area** | **Existing**  | **Proposed** |
| Basement: |   |   |
| First Floor: |   |   |
| Second Floor: |   |   |
| Third Floor: |   |   |
| Loft(s): |   |   |
| Deck(s): |   |   |
| Porches(es): |   |   |
| Pool: |   |   |
| Other (please describe): |   |   |
|  |
| Setback From Road Right-of-Way (feet): | Front |   | Rear |   | Side |   | Side |   |
| Off Street Parking Area | Residence # of Spaces |   | Business # of Spaces |   |
| Access Permit Approved by Road Commissioner: | Yes [ ]  | No [ ]  | n/a [x]  |
| **A general plot plan showing the location and dimension of the building, setbacks from road and property lines, well and septic, and a floor plan and elevation plan MUST be attached to this application.** |
| Value of New Construction: |   |
| Approximate Completion Date: |   |
| Signature of Owner of Record: |   |
| Date: |   |

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| **Administrator Review** |
| Date Received: |  |
|  | Permit Fee: |   |
|  | Recording Fee: |   |
|  | Paid: |[ ]
| Permit Received By: |   |
| Referred to Board of Adjustment or Planning Commission: | Yes [ ]  | No [ ]  |
| Date:(Any permit referred to the Planning Commission for review is automatically stayed until decision) |   |
|  | Fee: |   |
|  | Paid: |[ ]
| Approved: |[ ]
| Denied: |[x]
| Date: |   |
| Appeal Period Begin: |   |
| Appeal Period End: |  |
| Conditions: |   |
| Reason for Denial or Referral to BOA: |   |
| Signature of Administrative Officer: |   |
| Date: |  |