

Applicant: _____

Applicant's Mailing Address: _____

Applicant's Home Phone #: _____ Applicant's Business Phone #: _____

Email: _____

Is the Applicant the owner of the property: _____ Yes _____ No. If "No" Then:

Name of Property Owner: _____

Property Owner's Mailing Address: _____

Owner's Home Phone #: _____ Owner's Business Phone #: _____

Describe Proposed Project:

Property Deed Book # _____ Page # _____

1. What is the 911 address of the Property? _____

2. What zoning district is the property in?

North Westminster Village _____	Westminster Station _____	Residential (2acre) _____
Westminster West Village _____	Commercial _____	Rural Residential (5 acre) _____
Westminster Village _____	Industrial _____	Resource Conservation _____

3. Is your property in one of the overlay districts?

Agricultural Overlay District? Yes _____ No _____

Historic District? Yes _____ No _____

Flood Protection District? Yes _____ No _____

Ridgeline Protection District? Yes _____ No _____

If your property is in an overlay district we need additional information. Please call Town Hall for Assistance.

4. What is the property used for now?

The property is currently vacant _____ Business _____

One or two family home _____ Residence and Business _____

Multi-family home _____ Agricultural _____

Other: _____

6. How large is the parcel? _____ acres

7. Will the Proposed construction change how the property is used?

No, the property will be used for the same purpose as it is now _____

Yes, if approved, this construction will change the use of the property:

We want to build on vacant land _____ We want to add a new residence _____

We want to add a business use _____ We want to add a PUD _____

Other: _____

Permit Number: _____

Parcel Number: _____

8. **Setbacks** (please call town hall to find out how far back you need to be from your property line)

	Existing	Proposed
How far back is the construction from the center of the road?	_____ ft	_____ ft
How far back is the construction from your rear property line?	_____ ft	_____ ft
How far back is the construction from the side property line?	_____ ft	_____ ft
How far back is the construction from the side property line?	_____ ft	_____ ft

9. **What is the estimated cost of construction?** \$ _____

10. **What are the dimensions of your construction?**

_____ feet by _____ feet

Total square footage: _____ square feet

Height at tallest point: _____ feet

11. **Are there any wetlands on your property?** Yes _____ No _____

12. **To determine if a State permit is required contact:**

Springfield Regional Office: (802) 885-8848 or Delores.kuhn@state.vt.us

Fees *please call town hall with any questions about which fees apply to your project.*

Base Fee:

For construction projects estimated to cost \$500 or less (**\$25**) \$ _____

For all other projects (**\$50**) \$ _____

Development Review Board (**\$100**) \$ _____

Surcharge for Major Subdivisions and PUD (**\$50**) \$ _____

Recording Fee (**\$10**) \$ _____

Total \$ _____



Before signing your application:

Have you answered all the questions in this application?

Does your sketch include all of the requested information?

Have you provided all requested supplemental information?

I request a permit for the project described in the application, and grant the Town Officials permission to access my property for inspection purposes.

I understand that if I do not complete my project within the prescribed time I will need to apply for an extension or apply for a new permit.

I understand that any misrepresentation contained in this application, intentional or not, will invalidate my permit.

Applicant's Signature

Date

Land Owner's Signature

Date

YOUR RIGHT TO APPEAL

Any interested person, as defined in State Statutes, may appeal any decision of the Development Review Board to the Environmental Court within 30 days of such decision. Any decision of the Zoning Administrator may be appealed within 15 days of such decision.

ADMINISTRATIVE USE ONLY

Received on: _____

Inspected on: _____

Fee Paid ____ Yes ____ No

ZA Action: ____ Approved ____ Denied

Referred to: ____ DRB ____ HRB

Date _____

DRB Action: ____ Approved ____ Denied Date _____

Permit Issued On: _____

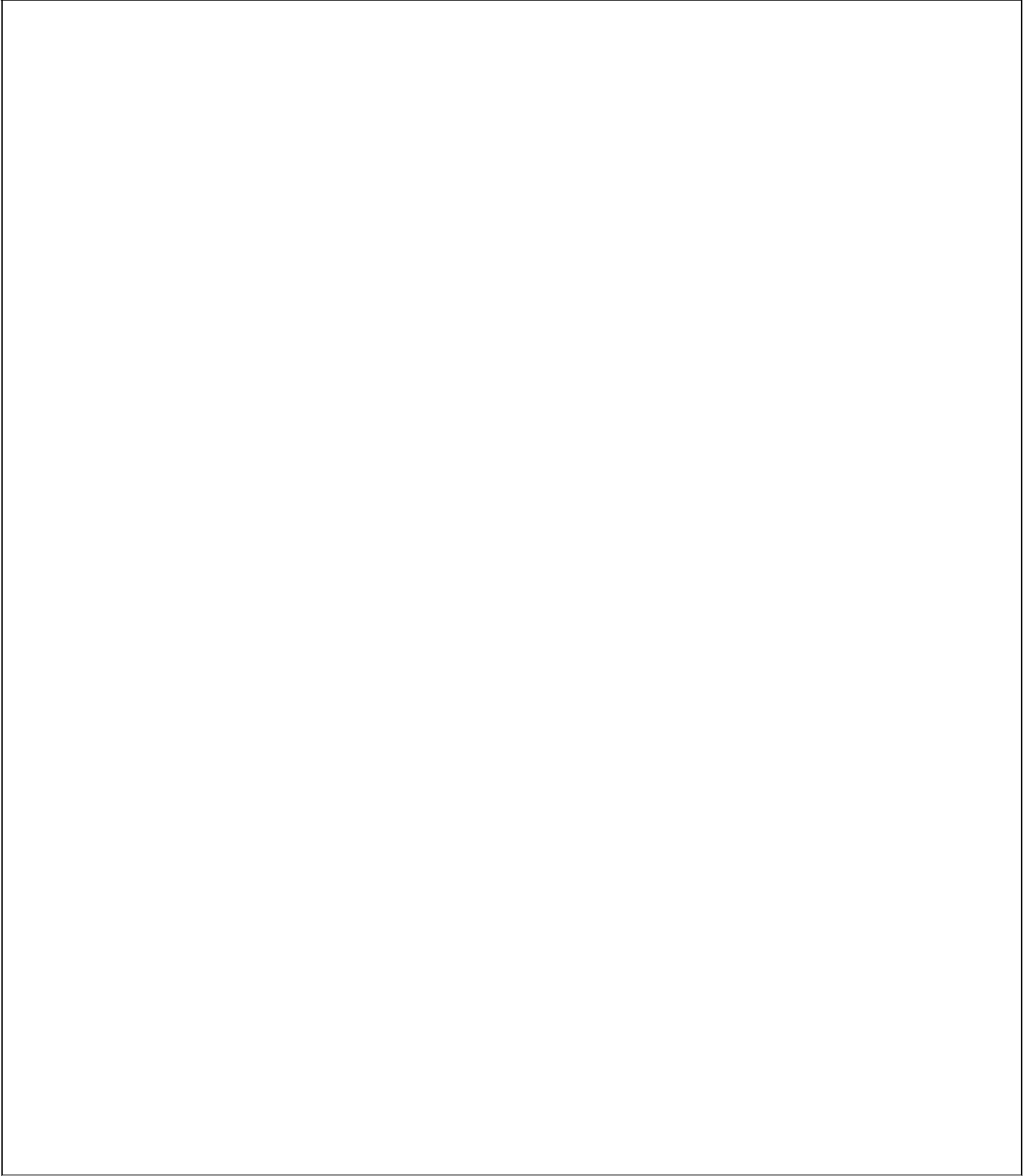
Administrative Officer Signature

Date

13. SKETCH

Draw a sketch of your project that includes:

- | | | |
|---|--------------------------------------|---|
| *your property lines | *Measurements of your lot | *Names of all abutters |
| *Footprint of the proposed construction | *All roads, right of way & easements | *Distance from the proposed construction to your property lines |





TOWN OF WESTMINSTER

P.O. BOX 147 WESTMINSTER, VT 05158

Tel. 802-722-4255 Fax 802-722-9816

westmin@sover.net

Zoning Permit Application Supplement

Recent changes in State law require that a notice concerning your application be sent to the owners of all properties that border yours. Please list the parcel number, name and addresses of all your neighbors, so we can send them a notice.

Your 911 Street Addresses: _____

Abutter's Information:

Parcel # _____ : Name: _____

Address: _____

Parcel # _____ : Name: _____

Address: _____

Parcel # _____ : Name: _____

Address: _____

Parcel # _____ : Name: _____

Address: _____

Parcel # _____ : Name: _____

Address: _____

Parcel # _____ : Name: _____

Address: _____

Parcel # _____ : Name: _____

Address: _____

Residential/ Rural Residential

Permit Number: _____

1. Please describe current structures on the property:

2. Attach plot plan (*map drawn to scale*) showing the following:

- A. Name and address of owner of property, of applicant, if different than owner, and of owners of record of adjoining lands; name and address of person or firm preparing map.
- B. Property lines, acreage figures, scale of map, north point and date.
- C. Existing features, including structures, easements and right-of-way.
- D. Proposed grading and location of structures and land use areas.
- E. Proposed layout of roads, driveways, walkways, curbing, traffic circulations, parking spaces and points of access including access for emergency vehicles.
- F. Existing trees, shrubs and other vegetation to be preserved on the site
- G. Proposed landscaping.

Parcel Number: _____

3. Additional Review Requirements:*If your project requires any of the following please call the Town Hall for assistance.*

<input type="checkbox"/> Agricultural Overlay	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Existing Non Conforming Use
<input type="checkbox"/> Flood Protection	<input type="checkbox"/> Historic District	<input type="checkbox"/> Landscape Requirement
<input type="checkbox"/> Parking	<input type="checkbox"/> Performance Standards	<input type="checkbox"/> PUD
<input type="checkbox"/> Ridgeline Protection	<input type="checkbox"/> Secondary Use	<input type="checkbox"/> Sight Distance
<input type="checkbox"/> Specific Uses	<input type="checkbox"/> Temporary Uses	<input type="checkbox"/> Variance

(Sample Site plan on Back)

SAMPLE SITE PLAN

