

Name of Person Applying for Permit: _____

Applicant's Mailing Address: _____

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

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 #: _____

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 on 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. Proposed Use?

I Want to substitute one use for a different use	Yes _____	No _____
I want to add a secondary use	Yes _____	No _____
I want to create a PUD	Yes _____	No _____

What is the existing use of the property? _____

What is the proposed use of the property? _____

Is the proposed use a permitted use in the zoning district? Yes _____ No _____

Is the proposed use a conditional use in the zoning district? Yes _____ No _____

_____ The proposed use is neither permitted nor conditional in this zoning district, I am requesting consideration Under Section 241.8b Uses Not Provided For*

Please refer to the Zoning Ordinance for more information concerning filing under section 241.8

5. Related Construction?

Will the change of use require any new construction of site improvements? Yes _____ No _____

If yes, you will also need to file a building permit application

6. How large is the parcel? _____ acres

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

Base Fee: (\$50)	\$ _____
Development Review Board Fee (\$100)	\$ _____
Recording Fee (\$15)	\$ _____

Total \$ _____

Permit Number:

Parcel Number:



Before signing your application:

- Have you answered all the questions in this application?
- Does your plot plan include all of the requested information?
- Have you provided all requested supplemental information?
- Have you included all abutter information?

To determine if a State permit is required contact:

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

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 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

NOTES:
