

# Town of Pownal Zoning Permit Application

Please print or type use ink

Permit number \_\_\_\_\_

Landowner \_\_\_\_\_

Applicant \_\_\_\_\_

Mailing address \_\_\_\_\_

(If Different) \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

911 Address of Property \_\_\_\_\_

Co- Applicant \_\_\_\_\_

Estimated Project Cost \$ \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Listers' description: Parcel ID \_\_\_\_\_

Tax Map number \_\_\_\_\_

Lot Size (Acres/Sq. ft.) \_\_\_\_\_

Land Records: Book \_\_\_\_\_ Page \_\_\_\_\_

## Type of application (check all that apply):

- Application for New Home       Application for Deck       Application for Garage  
 Application for Shed       Application for Addition       Application for Camp  
 Application for New Mobile Home       Application for Replacement of Mobile Home  
 Application for \_\_\_\_\_

Type of Use: Present: \_\_\_\_\_

Proposed: \_\_\_\_\_

Dimensions: Frontage on public road (s) \_\_\_\_\_, or right-of-way \_\_\_\_\_,  
Length \_\_\_\_\_, width \_\_\_\_\_, and height \_\_\_\_\_, of proposed structure or addition.

For additions give length \_\_\_\_\_, width \_\_\_\_\_, and height \_\_\_\_\_, of original structure.

Setbacks of proposed structures or additions viewed from road: Please note: front setbacks are measured from the edge of the roads right- of way or side of property on which the right-of -way for access enters, front \_\_\_\_\_, rear \_\_\_\_\_, left side \_\_\_\_\_, right side \_\_\_\_\_,

For additions/ alterations give setbacks of original structure: front \_\_\_\_\_, rear \_\_\_\_\_, left side \_\_\_\_\_, right side \_\_\_\_\_, Please note: the dimensions and edges of the right-of- way of the Town Roads may be obtained from the map in the town office.

Attachments (Please list any attachments to this application)

## Which Zone District (check all that apply):

- Village       Rural Residential 1 (RR1)       Rural Residential 2 (RR2)       Commercial  
 Forest       Industrial

# Town of Pownal Zoning Permit Application

To be complete, this application must consist of the completed application form, plot plan, other appropriate information, and the application fee.

The applicant is encouraged to refer to the Zoning Bylaws of the Town of Pownal, Vermont information on application procedures. The applicant is solely responsible for the validity of all information given. The applicant should be aware that even though this application may be approved, the applicant and or the owner of the property, may still need to obtain other permits from other agencies of the State of Vermont or other authorities before construction can begin. This permit application and any decisions concerning it may be voided in event of misrepresentation or for failure to commence construction within one year of approval. The permit, if approved, does not take affect until the 30-day appeal period has passed for DRB decisions and/or the 15 day period has passed for ZA decisions.

Check applicable section(s) of the Zoning Bylaw \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Conditional Use \_\_\_\_\_, Site Plan Review \_\_\_\_\_, Variance \_\_\_\_\_

THE UNDERSIGNED SOLEMNLY SWEARS THAT THE STATEMENTS MADE HEREIN, ARE TRUE AND CORRECT TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF.

Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Co- Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Landowner (if different) \_\_\_\_\_ Date \_\_\_\_\_  
Authorized representative of Landowner (print name) \_\_\_\_\_

### FOR OFFICE USE ONLY

Town Health Officer: Review by Town Health Officer is required to insure compliance with septic regulations.

{ } Sewer Hook -up permit is required { } Septic permit required { } No action is required  
{ } Any residential construction will require state water/ wastewater permits.

Town Health Officer, Signature \_\_\_\_\_ Date \_\_\_\_\_

### The Zoning Administrator:

Signature of date of receipt of the completed application: \_\_\_\_\_

{ } Fee \$ \_\_\_\_\_

Date referred to The Development Review Board \_\_\_\_\_ Comments \_\_\_\_\_

### The Development Review Board:

Date received \_\_\_\_\_ Hearing Date \_\_\_\_\_ Decision Date \_\_\_\_\_

Based on the action of the DRB, this application is recommended for Approval \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of DRB, Chairman \_\_\_\_\_ Signature of DRB Secretary \_\_\_\_\_ Date \_\_\_\_\_

Date of Final Permit action by Town Zoning Administrator: \_\_\_\_\_ { } Approved { } Denied

Signature of Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_