

APPLICATION FOR BUILDING/ZONING PERMIT

Applicant: Name(s) _____ Phone _____

Mailing Address _____ Email _____

Physical Address of project: _____

Project: New Building Improvement/Addition Subdivision Other (explain below)

Description: _____

New Building/Addition: Length (ft) _____ Width (ft) _____ Height (ft) _____ Total Sq. Footage _____

Setbacks from: Edge of Road right-of-way (ft) _____ Rear line (ft) _____ Left line (ft) _____ Right line (ft) _____

OR New Subdivision: Lot 1 Area (ac) _____ Frontage _____ Depth _____ Lot 2 Area (ac) _____ Frontage _____ Depth _____

IMPORTANT: Attach a map or sketch to show property boundaries, easements and right of way, locations of existing and proposed structures and land alterations, water supply, sewage systems, roads, and driveways. Indicate scale and North.

I hereby certify that all information in this application is true and correct, and I agree to allow the Town Assessor to access the property to conduct an inspection in the spring following the submission of this application. Follow-up required if project is incomplete at time of inspection. If conditions on your property (such as securing pets or notifying guests staying on the property) require advance notice, please contact our offices: 802-326-4719

Signed _____

All owners must sign signature (s) _____ date _____

Submit this application with a zoning fee of \$ _____ + \$15.00 (recording fee). Payable to Town of Montgomery.

Administrative Officer Only:

Decision: Denied Approved Permit # _____

Permit approved subject to conditions specified below and is valid (except if appealed) beginning on _____ and expiring on _____

Conditions: All land development must comply with State & Federal Regulations. All additions/renovations to dwellings, new Single Family, and new multi-family dwellings (in buildings up to 3 stories) must meet the Vermont Residential Building Energy Standards. _____

Signed _____

Administrative Officer _____ Date of decision _____

An interested person may appeal a decision by the Administrative Officer, within 15 days of the date of such decision, to the Development Review Board. Contact our Zoning Administrator: montgomeryzoning@gmail.com

{Blank Area Below for Recording Stamp}

Date Received	
Zone Class	
Parcel ID #	Town Bk/Pg