

TOWN OF BARNET, VT.

ZONING PERMIT APPLICATION FORM

APPLICATION NO. _____

Please type or print plainly (black ink is best), answer ALL questions, and consult the two-page instructions sheet. NO STAPLES. Incomplete or illegible applications will be returned & processing delayed.

NAME OF APPLICANT(S)/LANDOWNER(S) AS ON DEED _____

PHONE #(____) ____-____; MAILING ADDRESS _____

NAME OF LANDOWNER(S) IF DIFFERENT FROM ABOVE _____

PHONE#(____) ____-____; MAILING ADDRESS _____

LOCATION & DESCRIPTION OF PROPERTY: PARCEL ID #/TAX MAP # ____-____-____:

TH#____, SA#____, NAME&#_____ FRONTAGE_____ FEET

PVT ROAD NAME &#_____ FRONTAGE_____ FEET

US ROUTE 5 SOUTH #_____ OR US ROUTE 5 NORTH #_____ FRONTAGE_____ FEET

SIZE OF LOT _____ACRES+/-; DISTRICT: AG(____) LD(____) RR(____) VILL(____)

SHORELINE FRONTAGE _____ FEET; PRESENT USE _____ NEW USE _____

NAME OF ADJOINING PROPERTY OWNERS (USE PROPER NAMES) _____

PROPOSED CONSTRUCTION: TYPE & # _____

SIZE OF EACH _____ HEIGHT _____ FEET

SETBACKS OF STRUCTURES FROM PROPERTY LINES: SIDELOT LINES _____/_____ FEET

REAR _____ FEET; CENTER LINE PUBLIC OR PRIVATE ROAD _____ FEET.; EDGE OF ANY RIGHTS OF

WAY _____ FEET; UTILITY LINES _____ FEET; SHORELINE _____ FEET

SKETCH WHICH SHALL INCLUDE: A bird's-eye-view of the shape and size of the lot; the shape, size, and location of ALL structures already on the lot in relationship to all property and right-of-way lines, including electric and/or phone lines. Include location of water supply and sewage systems. Include any structure to be erected, moved or altered. Does not need to be to scale, but please include all the information as requested. ONLY SKETCH AS REQUESTED IN THIS SPACE. DO NOT USE PENCIL.

SUBDIVISION: NUMBER OF LOTS _____; SIZE OF EACH LOT _____ ACRES +/-
STATE PERMIT IS REQUIRED FOR SUBDIVISION & SEWAGE APPROVAL; PLEASE CALL SUE
CROSS AT (802) 751-0130. STATE PERMIT #_____. MUST ALSO COMPLY WITH VT ENERGY
CODE; PLEASE CALL ENERGY CODE ASSISTANCE CENTER TOLL-FREE AT (855) 887-0673.

APPLICANT CERTIFICATION:

The undersigned applicant(s) affirms that the information presented on this application is true, accurate and complete.
Any permit issued shall be null and void if any information provided is inaccurate or misrepresented.

APPLICANT(S) SIGNATURE _____ DATE ___/___/_____.
_____ DATE ___/___/_____.

LANDOWNER(S) CERTIFICATION:

The undersigned property owner(s) hereby consent to submission of this application and understand that if the application is approved the Zoning Permit and any attached conditions will be binding on the property. State of Vermont permits may also be needed.

LANDOWNER(S) SIGNATURE(S) AS ON DEED _____ DATE ___/___/_____.
_____ DATE ___/___/_____.

The Administrative Officer has 30 days to act on a permit application. An Interested Person as outlined in VSA Title 24, Chapter 117, Section 4465 (a), can appeal any act or decision by the Administrative Officer by filing a notice of appeal with the Secretary of the Board of Adjustment within 15 days of the date of such decision or act. An interested person may appeal a decision of the Board of Adjustment to Environmental Court within 30 days of the decision in accordance with VSA Title 24, Chapter 117, Section 4471.

ZONING PERMIT FEES: PERMITTED USES: \$20.00 PLUS \$15.00 RECORDING FEE (PLUS \$15.00 FOR EACH EXTRA PAGE RECORDED); CONDITIONAL USES, VARIANCES & APPEALS \$30.00 PLUS \$15.00 RECORDING FEE. "LATE FILING FEE SHALL BE TWO TIMES THE ORIGINAL OR REGULAR FEE." PLEASE MAKE CHECKS PAYABLE TO "TOWN OF BARNET" AND INCLUDE WITH APPLICATION TO THE ADMINISTRATIVE OFFICER, SHIRLEY WARDEN, 521 WARDEN ROAD, BARNET, VT. 05821. PHONE #(802) 633-4993 (BEFORE 8:30 A.M. IS BEST).

DO NOT WRITE BELOW THIS LINE (form date 10/2021)

FOR TOWN USE ONLY

Original to Town Clerk; Copies to Applicant, Board of Listers, Adjoining Landowners & 1 posted at Town Clerk's Office.

RECEIVED ___/___/_____. FEE \$ _____ CASH _____ CHECK NO. _____ ACTED ON ___/___/_____.

DENIED & REFERRED TO THE BOARD FOR:

<input type="checkbox"/> CONDITIONAL USE	APPROVED <input type="checkbox"/> OR DENIED <input type="checkbox"/>	DATE ___/___/_____
<input type="checkbox"/> BACK LOT/CLASS 4 ROAD	APPROVED <input type="checkbox"/> OR DENIED <input type="checkbox"/>	DATE ___/___/_____
<input type="checkbox"/> VARIANCE/WAIVER	APPROVED <input type="checkbox"/> OR DENIED <input type="checkbox"/>	DATE ___/___/_____
<input type="checkbox"/> SITE PLAN REVIEW	APPROVED <input type="checkbox"/> OR DENIED <input type="checkbox"/>	DATE ___/___/_____
<input type="checkbox"/> PLANNED UNIT DEVELOPMENT	APPROVED <input type="checkbox"/> OR DENIED <input type="checkbox"/>	DATE ___/___/_____

SIGNED, CHAIRMAN, PLANNING/ZONING BOARD _____ DATE ___/___/_____

PERMIT APPROVED OR DENIED PERMIT EFFECTIVE ___/___/_____. PERMIT EXPIRES ___/___/_____

SIGNED, ZONING ADMINISTRATIVE OFFICER _____ DATE ___/___/_____

COMMENTS: