

FAIRLEE ZONING/BUILDING PERMIT APPLICATION

P.O. Box 95, Fairlee, Vermont 05045
802-333-4158

Tax parcel # _____

Application # _____

Applicant/Owner: _____

Phone: _____

Property Location: _____

Nature of Construction: _____ NEW _____ RENOVATION _____ ADDITION
 _____ SIGN _____ OTHER (explain): _____

Explain type of work or proposed use (be specific):

Dimensions of structure(s): Length: _____ Width: _____ Height: _____

Setbacks (indicate direction of setbacks – N, S, E, W):

From center of street/right-of-way: _____ From rear: _____

From side: _____ From side: _____

Amount of off-street parking: (1 space = 10' x 20'): _____

Number of: Stories _____ Rooms _____ Bathrooms _____ Bedrooms _____ Basement _____

Garage: Stories _____ Attached? _____ Detached? _____

Deck/Porch: _____

Is an access permit required? Yes ____ No ____ (If yes, attach copy of approved permit)

Is a "work in the right-of-way" permit required? Yes ____ No ____ (If yes, attach copy of approved permit)

Is a septic permit required? Yes ____ No ____ (If yes, attach copy of approved permit)

Is the tax parcel on town water? Yes ____ No ____ (If yes, and application is for swimming pool, please be advised that water rate will change to Category H-2). Water Rates and categories are available at the town office.

The following must be submitted with this application:

1. Application Form A-1
2. Fee \$35.00 + \$10.00 recording fee
3. A Plot Plan (see Example Sheet attached for instructions)

The undersigned hereby applies for a permit for the above-mentioned use on the basis of the representations contained herein. I understand that this application will not be accepted if all required information has not been provided. The permit shall be deemed void if any of the information presented is found to be misrepresented. Activities authorized by this permit shall be completed within **two years**. This permit does not relieve applicant's duty to obtain all necessary "State and Local" permits.

Right of Appeal: The applicant or any other interested person may appeal any decision of the Administrative Officer within 15 days of the date of such a decision by filing a written Notice of Appeal with the Development Review Board and a copy thereof with the Zoning Administrator. **This permit shall not take effect until time for such appeal has passed.**

Signature of Applicant: _____ Date: _____

For Office Use Only

Date received: _____ Received by: _____

Fee paid: _____ Received by: _____

Date of inspection: _____

Referred to Development Review Board: _____ Date of Decision: _____

Further explanation:

Date approved: _____ Effective date of permit: _____

Date denied: _____

Pursuant to Section(s): _____ of the Town of Fairlee Zoning Regulations.

Signed: _____
Zoning Administrator