

Permit # _____ Approval Date _____ Appealed Yes _____ No _____

Application for Zoning Permit

APPLICANT

ZONING ADMIN.

POSTING

LISTERS

The undersigned hereby requests a zoning permit for the following use, to be issued on the basis of the representations contained herein. Permit will become void in the event of misrepresentation or failure to undertake construction within one year of the date of approval or completion within two years.

Owner of Record: _____
(Applicant must be an owner of record, as shown in Mendon Land Records)

Mailing Address: _____
Street City State Zip Code
Home Telephone: _____ Work Telephone: _____ Cell _____

Representative or Contact Person: _____
(If different from owner)

Mailing Address: _____
Street City State Zip Code
Home Telephone: _____ Work Telephone: _____ Cell _____

DESCRIPTION OF PROPERTY

(The following information may be obtained at the Mendon Town Clerk's Office)
Deed to this parcel is recorded in Book _____ Page _____ Zoning District: _____

Names of all Owners of Record: _____

911 Street Address : _____

Property Tax Map numbers: Map _____ Block _____ Parcel _____ Lot Size: _____

DESCRIPTION OF PROJECT

Existing Use and Occupancy: _____ Change of Use to: _____
(Requires Site Plan Approval)

Existing Number of Bedrooms: _____ Proposed Number: _____. (Note: the addition of any bedrooms that increases the design flow for the water and wastewater systems, requires a State of Vermont Waste Water permit)

Proposed Use and Occupancy: _____

Nature of Project: New Construction* _____ Addition _____ Structural Alteration _____
Swimming Pool _____ Deck _____ Tennis Court _____

Other (describe): _____

* new construction that requires a well or septic system requires a State of Vermont Waste Water permit

Approximate Completion Date: _____ Value of New Construction: _____

Project Specifications

Building Description

	Existing	Proposed
Length	_____	_____
Width	_____	_____
Number of Stories	_____	_____
Maximum height of highest finished floor	_____	_____

Total square feet of area

Basement	_____	_____
First Floor	_____	_____
Second Floor	_____	_____
Third Floor	_____	_____
Loft(s)	_____	_____
Deck(s)	_____	_____
Porch(es)	_____	_____
Other (Please Describe)	_____	Pool _____

Setback from Road right-of-way: Front _____ Rear _____ Side _____ Side _____

Access Permit approved by Road Commissioner? Yes _____ No _____ N/A _____

WARNING: State permits may be required for this project. Call the Rutland office @ 786-5907 to speak to a State permit specialist (now, Rick Oberkirch) before beginning any construction.

A general plot plan showing the location and dimension of the building, setbacks from road and property lines, driveway, well and septic; and a floor plan and elevation plan-- MUST be attached to this application.

Signature of Owner of Record: _____
(At least one fee title owner of record must sign application)

Signature of representative or contact person: _____

(For Town Use Only) Appealed Yes _____ No _____ Application No. _____

Date Received _____ Fee paid _____ Recording Fee _____

Permit Received by: _____

PERMIT: APPROVED _____ DENIED _____

Referred to Board of Adjustment or Planning Commission* _____ Date: _____ Fee Paid \$ _____
(*any permit referred to Planning Comm. for site plan review is automatically stayed until decision)

CONDITIONS: _____

Reason for Denial or Referral to BOA: _____

Signed _____ Date _____
Administrative Officer

The applicant or an interested person may appeal any decision by the Administrative Officer within 15 days of the date of such decision. This permit shall not take effect-NO CONSTRUCTION ALLOWED- until the time for such appeal has passed.