

ZONING PERMIT APPLICATION

ZONING DISTRICT(S):	Section A			
OFFICE USE ONLY Underhill Flats Village Center Underhill Center Village Rural Residential Water Conservation Mt. Mansfield Scenic Preservation Soil & Water Conservation PROPERTY LOCATION: MAILING ADDRESS:	Zoning Permit Application Type: ☐ Agricultural Exemption (Requires VT Review) ☐ Boundary Line Adjustment Permit (see Supp. Form) ☐ Building Permit (see Section B) ☐ After-the-Fact Building Permit (see Section B) ☐ Conversion/Change of Use Permit (see Section C) ☐ Home Occupation Permit (see Supplemental Form) ☐ Sign Permit (see Supplement Form) ☐ Temporary Structure Permit ☐ Temporary Use Permit ☐ General/Other:			
MATERIA ADDRESS.	Section B			
EMAIL ADDRESS:	Building Permit Application Information: Accessory Dwelling (see Section D)			
PHONE NUMBER:	☐ Accessory Structure(s) (e.g. barn, garage, shed, etc.)☐ Addition:			
LANDOWNER (IF DIFFERENT FROM APPLICANT):	Number of Bedrooms (if applicable): Number of Bathrooms (if applicable): □ Single-Family Dwelling:			
LANDOWNER'S CONTACT INFORMATION:	Number of Bedrooms: Number of Bathrooms:			
CONTRACTOR:	Two-Family Dwelling:Dwelling 1 - Number of Bedrooms:Dwelling 1 - Number of Bathrooms:			
CONTRACTOR'S CONTACT INFORMATION:	Dwelling 2 - Number of Bedrooms: Dwelling 2 - Number of Bathrooms:			
PROJECT DESCRIPTION:	□ Multi-Family Dwelling: Number of Units: Total Number of Bedrooms: Total Number of Bathrooms: Commercial/Industry □ Carport □ Porch/Deck/Fence □ In-Ground Pool			
Section D	Section C*			
Accessory Dwelling Application Information:	Conversion/Change of Use Application Information:			
□ Attached Accessory Dwelling, or□ Detached Accessory Dwelling	Existing Use:			
Square Footage of Principal Dwelling: sq. ft.	Proposed Use: # of Bedrooms Added (if applicable):			
Square Footage of Proposed Accessory Dwelling: sq. ft.	# of Bathrooms Added (if applicable):			
Number of Bedrooms (in Accessory Dwelling): Number of Bathrooms (in Accessory Dwelling):	*Please fill out this section if the project includes the conversion of unfinished living space to living space.			

All construction is to be completed in accordance with the Town of Underhill Unified Land Use & Development Regulations, as amended, and any & all federal and/or State regulations currently in effect.

Once approved, notice of the permit is required to be posed in a conspicuous location on the property during the appeal period. The Town recommends that that notice be posted during the duration of the construction period. The applicant and/or landowner is required to contact the necessary State agencies to obtain permits: (802) 477-2241 (permit specialist). Interest persons have the right to appeal the approval of a permit to the Development Review Board within fifteen days (15) from the date of issuance.

Phone: (802) 899-4434, ext. 106 Fax: (802) 899-2137 Last Updated: 01/02/2019



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Dimensions of ALL Proposed Construction

Proposed Structure(s)	Front	Side	Side	Rear	Height (Max. 35 ft.	Square Feet Added			
Acreage: Frontage: Estimated Value/Cost of Construction: \$									
		FOR OI	FFICE USE ONLY	Y					
Setbacks: To be me	asured as the clos	est part of ALL N	IEW CONSTRUCT	ΓΙΟΝ to the subject	ct lot line and natu	ral features.			
Proposed Structure(s)	Front	Side	Side	Rear	River, Stream, or Ponds	Wetland			
Site	Constraints		Building & Lot Coverage Information						
☐ Class II Wetland			a. Total # of Acres: acre(s)						
☐ Class III Wetland ☐ Wetland Buffers			b. Total Lot Area (1 Acre = 43,560 sq. ft.): sq.						
 □ Deer Wintering Yard □ Floodplain: Zone □ Named River(s) Named River 1: 			c. Footprint of Pro	sq. ft.					
			d. Footprint of Exi	sq. ft.					
Named River 2:		e. Footprint of Propo	sq. ft.						
□ Prime Agricultural Soils□ Unnamed Stream			f. Total Building (%					
☐ Source Protection Area☐ Steep Slopes			g. Total Impervious Service (sq. ft.):						
□ Very Steep Slopes		h. Total Lot Coverage (lines e + g / line b * 100):							

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ı	INSTRUCTIONS:	Provide a sketch showing o	dimensions of the prop	pos	ed construction. You may use another sheet, or the space b	oelow.		
		Dlag	ago A courately Deniet th	E	ollowing (Chaplifot)			
	Please Accurately Depict the Following (Checklist):							
	Rec	quired Features to Depict			Required Features to Depict if Applicable			
		Property Boundaries			Location of Existing/Proposed Easements			
	Dimensions of Prop	erty's Boundaries ats of Existing Structure(s)			Location of Existing/Proposed Rights-of-Way Location of Existing/Proposed Utilities			
	Location & Footprii	its of Proposed Structure(s)			Setbacks from Road Rights-of-Way			
	Location & Footprin	nts of Existing Access Ways	İ		Setbacks from Surface Waters & Wetlands			
		nts of Proposed Access Ways			Location of Existing/Proposed Water System (Well)			
	Dimensions of Exist Setbacks from Propo	ring/Proposed Access Ways			Location of Existing/Proposed Wastewater Systems			
	Floor Plan of Propos		!	u	Other:			
	Height of Proposed							

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The undersigned hereby requests a Zoning Permit for the construction project described in this application. By signing below, Applicant acknowledges that he/she/ they will comply with the requirements of the permit, if granted, and all Town Regulations. Separate State permits including, but not limited to, water/ wastewater, stormwater, Act 250, and Construction General Permits may be required. The applicant bares the responsibility and obligation to contact the State Permit Specialist at 802-477-2241 prior to construction.

The Zoning Administrator (or representative) may access the subject property for purposes of inspections before, during, and upon completion of the project. Upon approval, a Permit Notice sign will be supplied to the Applicant to be posted within view of a Town Highway until the 15-day appeal period expires. Interested parties may exercise their appeal rights pursuant to 24 VSA §4465.

Applicant and/or their consultant(s) should check with the Road Foreman for any posted road restrictions. Failure to substantially commence construction by the permit expiration date will require a new permit from the Zoning Administrator. Upon completion of construction, Applicant must contact the Listers' office and the Zoning Administrator to obtain a Certificate of Occupancy (where applicable).

Applicant Signature			Date		
Lando	wner Signature		Date		
	OFFICE USE ONLY				
	RECEIVED: Date DEVELOPMENT REVIEW BOARD REVIEW (IF APPLICABLE):		Permit Fee Posting Fee Recording Fee	\$ \$ \$	
	□ Required □ Not Required Date: □ Conditional Use Review		TOTAL FEE Check #	\$ Cash	
	☐ Site Plan Review ☐ Variance Request APPROVED: Date	To:	REFERRED (IF APPLICABLE):		
	Expiration Date Expiration Date	Date To:			
Co	REJECTED: Date	Date		<u> </u>	
_					
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Zoi	ning Administrator		Date		

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