



APPLICATION FOR ZONING PERMIT

Fee Paid\$ _____ accepted by _____ date _____

The undersigned hereby applies for permission to make certain improvements as described below. All construction to be completed in accordance with the Zoning Bylaws of the Town of Highgate and pertinent statutes of the State of Vermont.

Application #: _____ Applicant: _____

911 Address _____ Zoning District: _____

Lot Size in Acres: _____ (or sq.ft.) Tax parcel #(From Grand list) _____

Current Primary Use of Property: Primary Residence; Seasonal Dwelling; Rental Property; Commercial or Mixed Use (circle one).

Is there a Secondary Use of the Property?: Yes _____ No _____ If yes, circle type of use below

Home occupation; home business; accessory dwelling; rental property, other _____

Are there currently any Conditional Use, Mixed Use, Site Plan or ACT 250 Permits on this property?

Yes _____ No _____ If yes, please describe _____

PROPOSED STRUCTURE : _____ **PROPOSED USE:** _____

Structure Width _____ Length _____ Height _____

Is this proposal compliant with district setbacks? Yes _____ No _____
(Refer to zoning district setback standards below for specifics)

Dist	Primary structures side and rear	less than 200sq' side and rear	Front(center line of road)
Ag.	30'	10'	65'
Medium Density	30'	10'	65'
High Density	10'	5'	40'
Ind. Comm.	30'	30'	45' & 85' if on State Highway
Forest Res.	30'	10'	65'
Protected Area	30'	10'	65'
Shoreline	10'	5'	40'
Flood Plain	<u>See Flood Plain Regulations</u>		

If not compliant, is this a replacement of a pre-existing structure? Yes _____ No _____

IF YOU ARE UNABLE TO COMPLY WITH DISTRICT SETBACKS FOR A NEW STRUCTURE or FOR MODIFICATIONS TO AN EXSITING STRUCTURE, YOU MUST RECEIVE A CONDITONAL USE WAIVER OF SETBACK FROM THE DEVELOPMENT REVIEW BOARD PRIOR TO RECEIVING A PERMIT.

PERMIT VALID TWENTY FOUR MONTHS FROM DATE OF ISSUANCE

Is this project a new Residential Dwelling? Yes _____ No _____
if yes, number of bedrooms _____

If yes, you are responsible for meeting state energy codes. They are available at this link
http://publicservice.vermont.gov/topics/energy_efficiency/rbes-residential
http://publicservice.vermont.gov/topics/energy_efficiency/cbes-commercial

Will this use require wastewater or drinking water? Yes _____ No _____

Will this project add a bedroom to an existing structure? Yes _____ No _____

IF THE ANSWER IS YES TO EITHER OF THE PREVIOUS QUESTIONS, YOU MUST RECEIVE A PERMIT FROM ANR WASTEWATER AND POTABLE WATER DIVISION PRIOR TO RECEIVING A HIGHGATE BUILDING PERMIT. It is the Applicant's responsibility to contact Jeff McMahon, ANR Permit Specialist, to determine if any additional permits are required for your project at 802-879-5676 or jeff.mcmahon@state.vt.us

State wastewater permit # _____ attach a copy of the WW permit or exemption to this application.

SKETCH PROPOSED STRUCTURE BELOW:

Sketch: Lot & Building improvements; front, side & rear yard setback from boundaries (front setback is measured from the centerline of the road). Mark N at compass point indicating north. Differentiate between existing and proposed structures.

Write the adjoining property owner & set backs on each side

Highway/road name _____

The undersigned applicant certifies that the information above is correct.

Signature of applicant _____ Mailing address including town & zip code _____ Phone number _____

Signature of landowner if different from Applicant _____ Mailing address including town & zip code _____ Phone number _____

By statute, permit becomes valid 15 days after date of issuance, unless appealed.

Application: Approved _____ Further Review needed _____

Permit becomes Valid _____

Date: _____

Zoning Administrator Signature

For office use only.

Received & Recorded

Date: _____ Time: _____

Book: _____ Page: _____

Land Records

Town Clerk _____ Highgate, VT