

TOWN OF STRATTON

Application for a Zoning Permit

Permit # _____

Address of Property: _____ Zone: _____ Parcel # _____
 Name of Applicant: _____ Owner / Agent (Circle one)
 Mailing Address: _____ Phone #: _____

**Does landowner own adjoining property? If so, please explain: _____

Existing Use: _____

Proposed Use: Residential _____ Commercial _____ Industrial _____ Professional _____ Agriculture _____

Project Description: _____

Dimensions of proposed building or addition (length, width, height and total square footage): _____

(Attach a detailed floor plan of all structures.)

Lot size: Acres _____ Road frontage: _____ feet Height (see Zoning for criteria) _____ feet

Setback from: Road right of way: _____ feet Rear property line: _____ feet

Left Side property line: _____ feet Right Side property line: _____ feet

A general plot plan showing the boundaries, dimensions, and area of the lot and existing and proposed buildings must be provided on a separate page. Three copies of a more detailed site plan and project description are required for projects requiring Site Plan Review or requiring a Waiver or Variance.

By signing this application, the applicant and owner agree to: 1) adhere to the Stratton Zoning Bylaws available at the Stratton Town Office or at www.townofstrattonvt.com. 2) adhere to applicable State and Federal requirements (Visit the State Permit Assistance website www.anr.state.vt.us/dec/ead/pa/index.htm.) 3) Follow VT Bldg Energy Standards www.ecodes.biz/ecodes_support/Free_Resources/2011Vermont/11Vermont_main.html). 4) Allow the Zoning Administrator access to the property for inspections; and 5) allow the Listers (Assessors) or their representative access for property appraisal purposes. The applicant is responsible for obtaining all other required permits or following guidelines, including but not limited to: LOCAL: Road Access, Separate Zoning permits for infrastructure, Signage, Subdivision, Automatic Fire Alarm and Security Gates. STATE: Act 250, Access to State Highways, Water/Wastewater, Storm water runoff, Subdivision, Fire Safety. Property located at elevations above 2500 ft require Act 250 consideration.

I swear under the pains and penalties of perjury that all information submitted with this application is true to the best of my knowledge and belief.

Applicant's Signature _____ Date _____

(Agents must provide a letter of permission signed by the Owner)

ZONING APPLICATION FEE SCHEDULE

\$ _____ (\$20.00 for first \$10,000.00 cost)	Builder's estimate \$ _____
\$ _____ (\$5.00 for each additional \$10,000.00 or fraction thereof.)	Sub. Contractors \$ _____
\$ _____ (\$15.00 / page recording fee)	
\$ _____ (\$35.00 – 911 processing fee) (911 fee for main building only)	Land Preparations \$ _____
\$ _____ Total Fee	TOTAL \$ _____

FOR USE BY ADMINISTRATIVE OFFICER

Date Received _____ Fee Received _____

Approved/Incomplete/Forwarded to PC or ZBA (circle one)

Administrative Officer's Signature: _____ Date: _____

(If routing is not required, N/A the following section, and complete the "Final Status" section)

Zoning Board Hearing Date: _____ Date Warned _____

Approved / Denied (circle one) _____ Date: _____

ZBA Chair

(Return to the Zoning Administrator for further processing)

Planning Commission Hearing Dates: _____ Date Warned _____

Approved / Denied (circle one) _____ Date: _____

PC Chair

(Return to the Zoning Administrator for further processing)

FINAL STATUS

Permit **Approved / Denied** (circle one) Reason if denied
 _____ (Attach all applicable paperwork!)

Administrative Officer's Signature:

_____ Date: _____