

Town of Richford, Vermont
P. O. Box 236, Richford, Vermont 05476
1(802)848-7751/Fax 1(802)848-7752
Email: zoning@richfordvt.org

Property ID# _____

Permit # _____

ZONING PERMIT APPLICATION FOR:

() Building Permit () Conditional Use () Variance () Waiver () Site Plan Review () Subdivision () Appeal of Decision

Reason for Application: _____

Name: _____ Phone # _____

Mailing Address: _____

Physical Location: _____

Directions to Property: _____

Date Acquired: _____ Land Records: Book # _____ /Page # _____

Present Use: _____

Proposed Use: _____

Zoning District: (Circle One) Mixed Use/Village Residential/Commercial-Industrial/Rural Residential/Agricultural/
Recreation-Conservation/Forest-Conservation/Water Supply/Education

Proposed Structure: New Building () Addition () Other () _____

Length _____ Ft. Width _____ Ft. Height _____ Ft.

Dimensional Standards:

Lot Size _____ Frontage _____ Ft. Lot Depth _____ Ft.

Setbacks: Road _____ Ft. Right _____ Ft. Left _____ Ft. Rear _____ Ft.
(from road center line)

Existing Easements: _____

Are there any non-conforming uses or structures (including variances)? YES _____ NO _____

If YES, describe: _____

Is there a flood plain located on the property? YES _____ NO _____

If YES, describe: _____

Is there a wetland, stream or pond located on the property? YES _____ NO _____

Water System Type: _____ When Established: _____

Septic System Type: _____ When Installed: _____

Adjoining Property Owners: _____

Other permits applied/received related to this project:

Sewage Disposal (State of Vermont): Submitted _____ Received _____ N/A: _____
Road Access (State of Vermont): Submitted _____ Received _____ N/A: _____
Road Access (Local): Submitted _____ Received _____ N/A: _____

Other Permits - Specify:

_____: Submitted _____ Received _____
_____: Submitted _____ Received _____

***WARNING:** STATE PERMITS MAY BE REQUIRED FOR THIS PROJECT. CALL 1(802)477-2241 TO SPEAK TO THE STATE PERMIT SPECIALIST BEFORE BEGINNING CONSTRUCTION.

****A general plot plan must be submitted with the Zoning Permit Application.**

****Any change in the structure dimensions or setback distances shown on this application will constitute a violation of the Town of Richford Zoning Bylaws.**

****Failure to post the "P" Permit sign will result in a delay of the effective of this permit or the scheduled hearing.**

The undersigned hereby requests a zoning permit for the above to be issued on the basis of the representations contained therein. This permit will be voided in the event of misrepresentation. The undersigned understands that if the application is approved, the zoning permit will be binding on the property.

THE UNDERSIGNED LANDOWNER HEREBY AFFIRMS THAT THE INFORMATION PRESENTED IN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE. IF THE UNDERSIGNED IS AN AUTHORIZED AGENT FOR THE LANDOWNER, SUBMIT A COPY OF THE AUTHORIZATION WITH THIS APPLICATION.

Landowner Signature Print Name Date

Landowner Signature Print Name Date

Applicant Signature Print Name Date

Checks Payable To: Town of Richford Permit Fee \$ _____
P. O. Box 236 Hearing Fee _____
Richford, VT 05476 Recording Fee _____
Other Fee _____
Total Due \$ _____

Received by ZA: _____ Completed by ZA: _____ Approved: _____ Denied: _____

Referred to Development Review Board: _____ Reason(s) for Denial/Referral: _____

John Libbey, Zoning Administrator

Date Issued

Permit Effective Date