

Date: _____	Application #: _____
Fees Paid: _____	(\$10 recording fee already paid)
Parcel ID #: _____	
Tax Map #: _____	

TOWN & VILLAGE OF WATERBURY

CONDITIONAL USE APPLICATION

This Conditional Use (and Waiver) Application supplements the Zoning Permit Application. Please provide all of the information requested in both applications. Read the Zoning Regulations and familiarize yourself with the requirements. Failure to provide all the required information will delay the process of this application. Submit one copy of the completed application(s) and a check payable to the Town of Waterbury according to the zoning fee schedule. For questions about the permit process please contact the Zoning Administrator at 802-244-1018.

PROJECT DESCRIPTION

Brief description of project:

CONDITIONAL USE CRITERIA

Please respond to the following, you may attached additional pages and supporting materials if necessary:

1. Describe how the proposed use will not have an undue adverse impact on the capacity of existing or planned community facilities to accommodate it (including roads and highways , municipal water or sewer systems, school system , fire protection services):
2. Describe how the proposed use will not have an undue adverse impact on the character of the area affected as defined by the Municipal Plan and the zoning district in which the proposed project is located:
3. Describe how the proposed use will not violate any municipal bylaws and ordinances in effect:
4. Describe any devices or methods to prevent or control fumes, gas, dust, smoke, odor, noise, or vibration:
5. For removal of earth or mineral products which is not incidental to a construction, landscaping, or agricultural operation, a removal project must meet specific conditions outlined within Section 302 of the Waterbury Zoning Regulations. Are the conditions included within the Application Submittals?

SIGNATURES

The undersigned hereby applies for a Zoning Permit for the use described in this application to be issued on the basis of the representations made herein all of which the applicant swears to be complete and true.

Applicant Signature date

Property Owner Signature date

CONTACT

Zoning Administrator Phone: (802) 244-1018
Mailing Address: Waterbury Municipal Offices, 28 North Main Street, Waterbury, VT 05676
Municipal Website: www.waterburyvt.com