Date:	Application #:
Fees Paid:	+ \$10 recording fee =
Parcel ID #:	
Tax Map #:	

TOWN & VILLAGE OF WATERBURY ZONING PERMIT APPLICATION

Please provide all of the information requested in this application.

Read the Zoning Regulations and familiarize yourself with the requirements. Failure to provide all the required information will delay the process of this application. Based upon the nature of the project you may need to submit additional information. For instructions on how to fill out this form please refer to the *Zoning Permit Application Instructions & Fee Schedule* available on the municipal website or at the municipal offices. Submit one copy of the completed application 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.

please contact the Zoning Administrator	at 802-244-1018.	0	· · · · · · · · · · · · · · · · · · ·							
CONTACT INFORMATION										
APPLICANT		PROPERTY OWNER (if different from Applicant)								
Name:		Name:								
Mailing Address:		Mailing Address:								
Home Phone :	,	Home Phone :								
Work/Cell Phone:		Work/Cell Phone:								
Email:		Email:								
PROJECT DESCRIPTION			CHECK ALL THAT APPLY:							
Physical Location of project (E911 Addres	ss):		NEW CONSTRUCTION							
Lot size: Zoning I		□ Two-Family Dwelling								
Current Use:		□ Multi-Family Dwelling								
Brief description of project:			 □ Commercial / Industrial Building □ Residential Building Addition □ Comm./ Industrial Building Addition □ Accessory Structure (garage, shed) □ Accessory Apartment 							
Water system: W	aste water system: _		□ Porch / Deck / Fence / Pool / Ramp							
EXISITING	PROPOSED		 Development in SFHA (including repairs and renovation) 							
Square footage: Height:	Square footage:	Height:								
Number of bedrooms/baths:	Number of bedroo	oms/bath:	USE							
# of parking spaces:		es:	□ Establish new use							
Setbacks: front:			□ Change existing use □ Expand existing use							
sides:rear:			1 0							
Cost of Improvement (\$):			OTHER							
Estimated construction start date:			□ Subdivision (# of Lots:)							
D Curb Cut / Access permit □ E911 Access permit □ Description □ Descrip	 □ Boundary Line Adjustment (BLA) □ Planned Unit Development (PUD) □ Parking Lot □ Soil/sand/gravel/mineral extraction 									

[Additional State Permits may also be required]

□ Other

SKETCH PLAN

Please include a sketch of your project, drawn to scale, with all required measurements - see *Zoning Permit Application Instructions*. You may use the space below or attach separate sheets. For plans larger than 11"x17" please provide a digital copy (pdf. file format) in addition to a paper copy.

					_				_									
GNATURES The undersigned hereby applies for a Zoning Permit for the use the basis of the representations made herein all of which the applicant Signature																		
Property Owner Signature									date									
ONTA		Zoning Mailing Munici	, Addre	ess: Wa	aterbu	ry Mur	nicipal	Offices	s, 28 N	orth M	Iain St	reet, S	uite 1,	Waterl	bury, V	T 056	76	
						0	FFIC	CE U	SEC	NLY	•							
Zoning District/Overlay:								Subdivision:										
Final Plat due (for Subdivision only): Remarks & Conditions:								Overlay: DDR = SFHA = RHS Sign Other										
Authorized signature:Date:									-	□ n/a								