

|                    |                              |
|--------------------|------------------------------|
| Date: _____        | Application #: _____         |
| Fees Paid: _____   | + \$15 recording fee = _____ |
| Parcel ID #: _____ |                              |
| Tax Map #: _____   |                              |

# TOWN 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.

## CONTACT INFORMATION

### APPLICANT

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone : \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY OWNER (if different from Applicant)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone : \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PROJECT DESCRIPTION

Physical location of project (E911 address): \_\_\_\_\_  
\_\_\_\_\_

Lot size: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Brief description of project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of project: \$ \_\_\_\_\_ Estimated start date: \_\_\_\_\_

Water system: \_\_\_\_\_ Waste water system: \_\_\_\_\_

### EXISTING

Square footage: \_\_\_\_\_ Height: \_\_\_\_\_

Number of bedrooms/baths: \_\_\_\_\_

# of parking spaces: \_\_\_\_\_

Setbacks: *front*: \_\_\_\_\_

*sides*: \_\_\_\_\_ / \_\_\_\_\_ *rear*: \_\_\_\_\_

### PROPOSED

Square footage: \_\_\_\_\_ Height: \_\_\_\_\_

Number of bedrooms/bath: \_\_\_\_\_

# of parking spaces: \_\_\_\_\_

Setbacks: *front*: \_\_\_\_\_

*sides*: \_\_\_\_\_ / \_\_\_\_\_ *rear*: \_\_\_\_\_

## ADDITIONAL MUNICIPAL PERMITS REQUIRED:

- Curb Cut / Access permit
- E911 Address Request
- Water & Sewer Allocation
- none of the above

**[Additional State Permits may also be required]**

## CHECK ALL THAT APPLY:

### NEW CONSTRUCTION

- Single-Family Dwelling
- Two-Family Dwelling
- Multi-Family Dwelling
- Commercial / Industrial Building
- Residential Building Addition
- Comm./ Industrial Building Addition
- Accessory Structure (garage, shed)
- Accessory Apartment
- Porch / Deck / Fence / Pool / Ramp
- Development in SFHA (including repairs and renovation)
- Other \_\_\_\_\_

### USE

- Establish new use
- Change existing use
- Expand existing use
- Establish home occupation

### OTHER

- Subdivision (# of Lots: \_\_\_\_\_)
- Boundary Line Adjustment (BLA)
- Planned Unit Development (PUD)
- Parking Lot
- Soil/sand/gravel/mineral extraction
- 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.

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**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.

\_\_\_\_\_ date

Applicant Signature

\_\_\_\_\_ date

Property Owner Signature

**CONTACT**

Zoning Administrator Phone: (802) 244-1018  
 Mailing Address: Waterbury Municipal Offices, 28 North Main Street, Suite 1, Waterbury, VT 05676  
 Municipal Website: www.waterburyvt.com

**OFFICE USE ONLY**

Zoning District/Overlay: \_\_\_\_\_  
 Review type:  Administrative  DRB Public Warning Required:  Yes  No  
 DRB Referral Issued (effective 15-days later): \_\_\_\_\_  
 DRB Mtg Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_  
 Date Permit issued (effective 16-days later): \_\_\_\_\_  
 Final Plat due (for Subdivision only): \_\_\_\_\_  
 Remarks & Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW/APPLICATIONS:**  
 Conditional Use  Waiver  
 Site Plan  
 Variance  
 Subdivision:  
 Subdv.  BLA  PUD  
 Overlay:  
 DDR  SFHA  RHS  CMP  
 Sign  
 Other \_\_\_\_\_  
 n/a