TOWN OF WATERBURY ZONING PERMIT APPLICATION

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

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.

CONTACT INFORMATION	ON	IACI	INF	ORMA	HON
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please contact the Zoning Administrat	tor at 802-244-1012.	1 1	,					
CONTACT INFORMATION								
APPLICANT	F	PROPERTY OWNER (if different from Applicant) Name: Mailing Address:						
Name:	N							
Mailing Address:	N							
Home Phone :	_	ome Phone :						
Work/Cell Phone:		Work/Cell Phone:						
Email:	H	Email:						
PROJECT DESCRIPTION		CHECK ALL THAT A						
Physical location of project (E911 add	ress):	NEW CONSTRUCTION □ Single-Family Dwelling □ Two-Family Dwelling						
Lot size: Zoning Dist	rict:							
Existing Use: Pr	· ·	Building						
Brief description of project:	□ Residential Building Add	lition						
		□ Comm./ Industrial Build	o .					
		□ Accessory Structure (gai	age, shed)					
		□ Accessory Apartment	1/D					
Cost of project: \$, -					
Water system:		repairs and renovation)						
EXISITING	PROPOSED	USE	_					
Square footage: Height:	Square footage:	Height: □ Establish new use						
Number of bedrooms/baths:	Number of bedrooms/l							
# of parking spaces:	# of parking spaces:	□ Expand existing use □ Establish home occupati	on					
Setbacks: front:	Setbacks: front:		.011					
sides:/rear:	sides:/		_)					
ADDITIONAL MUNICIPAL	PERMITS REQUIR	□ Boundary Line Adjustme □ Planned Unit Developme						
□ Curb Cut / Access permit □ E911	□ Parking Lot	- (
	e of the above	□ Soil/sand/gravel/miner	al extraction					
[Additional State Po	ed] □ Other	<u> </u>						
Data granted: Oct Nov. 2012 / Pavised: July 2012								

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.

Applicant Signature	date
Property Owner Signature	date

CONTACT

Zoning Administrator Phone: (802) 244-1012

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:	
Date Permit issued (effective 16-days later):	□ Subdv. □ BLA □ PUD Overlay: □ DDR □ SFHA □ RHS □ CMP □ Sign □ Other
Authorized signature:Date:	□ n/a