

**Instructions for completing Zoning Permit
Application**

Fill out application as completely as possible:

- Name, address, zip code, and telephone number of **Applicant**.
 - Name, address, zip code, and telephone number of **Property Owner**.
 - Property location, tax lot number, and lot size.
- I. Division of Property**
- A. Total number of new lots created**
 - B. Total number of lots after division**
 - C. Supply a drawing (freehand or professional)to scale showing existing and proposed lot, side, rear, and front lines, right-of-ways, and any other information of interest.**
- II. New Construction and/or New additions**
- A. Indicate type and use of structure, size, floor area, square foot total, and height.**
 - B. Front setback distance (minimum 65ft, from center line of legal access).**
 - C. Side setback distance (minimum 25 ft. from either property line.**
 - D. Rear setback distance (minimum 25ft. from either property line.**
 - E. Structure distance from stream/river (minimum 75ft from high water mark).**
 - F. Structure must be erected on land with slope = 25% or less.**
 - G. Estimate date work is to commence, and estimated completion date.**
 - H. Supply a drawing (freehand or professional) to scale showing proposed structure, all setbacks, compass points, and other information of interest.**
- III. Restoration, Replacements, Renovations, and Signage**
- A. Indicate type and use of structure. See note on application Section**

Signature of applicant and/or property owner- In lieu of signature, applicant may submit written permission by property owner for representation on permit application

**WARNING: State permits may be required for this project.
Call 1-802-885-8850 to speak to the State Permit Specialist before
beginning any construction.**

Application Fees

A. Land division

For each newly-established lot: **One Hundred Dollars (\$100.00)**.

B. Dwellings

1. New Construction, additions, relocation of existing dwellings: **Twenty Cents (0.20)** per Gross Square foot (exterior dimension).

2. Accessory structures (e.g. Barn, Shed, and Stand-Alone Garage): **Ten Cents (0.10)** per square foot (exterior dimensions).

C. Commercial

New construction, additions, relocation of existing structure: **Twenty Cents (0.20)** per Gross Square foot (exterior dimensions). (See 'E', below).

D. Other Structures

Bridges, signs, fences: **Ten Dollars (\$10.00)**

E. Application to Development Review Board

Site Plan Review, Conditional Use, Appeal of Zoning Administrator's Action, Interpretation of Zoning Bylaw: **One Hundred Dollars (\$100.00)**

F. Late Fee

For work done without a permit: Double the normal application fee.

E. Minimum application Fee

Minimum application fee for a Zoning Permit: **Ten Dollars (\$10.00)**

G. Recording Fee

Add a state recording fee of Ten Dollars (**\$10.00**), see below.

NOTES: 1. Vermont Statute, generally referred to as the "Bianchi Law", requires listing of all municipal permits in the land records of the town. Thus, a **Ten Dollar (\$10.00) recording fee must be included with the application fee for a zoning permit in addition to the appropriate application fee. 2 separate checks made out to "The Town of Newfane"**.

2. Vermont statute (24VSA4448[d] and Section 2240 of the Newfane Zoning Bylaw require that the Zoning Administrator has 30 days to act on a complete application after receipt. Please plan projects with this time frame in mind. Note also that no permitted development may be undertaken until the appeal period (15 days following issuance of a zoning permit) has passed.

3. Application can not be processed if it is not completely filled out; plot plan is missing, incorrect or incomplete; and/or the appropriate fee is missing.

Mail completed application to: Zoning Administrator, Town of Newfane, P.O. Box 36, Newfane VT 05345, or drop off at Town Offices, 555 Vermont Route 30 in Newfane.

APPLICATION FOR ZONING PERMIT

PAGE 2

HEALTH PERMIT NUMBER _____ DATE _____

ACCESS PERMIT NUMBER _____ DATE _____

STATE AND OTHER PERMITS _____ DATE _____

I HEREBY CERTIFY THAT ANY AND ALL STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT, AND I WILL COMPLY WITH ALL THE REQUIREMENTS OF THE TOWN OF NEWFANE ZONING BY-LAWS.

PRINT NAME OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

PRINT NAME OF OWNER _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____

(Do not write in the space below)

APPLICATION NO, _____ - _____ DATE RECEIVED _____

Fee: Application _____
Recording _____

_____ APPLICATION APPROVED

_____ APPLICATION DENIED for the following reasons:

Section _____, Article _____, Paragraph _____, Sub-paragraph _____,
of the TOWN of NEWFANE ZONING BY LAWS

EXPLANATION: _____

Applicant may appeal a rejection of this application to the DEVELOPMENT REVIEW BOARD (DRB) within FIFTEEN (15) DAYS of the denial date. Referred to Development Review Board (DRB) _____

_____ Date

_____ Zoning Administrator