

**TOWN OF NEWFANE, VERMONT
APPLICATION FOR ZONING PERMIT**



(Please use ink)

APPLICANT.....TELEPHONE ().....

MAIL ADDRESS.....

PROPERTY OWNER.....TELEPHONE ().....

MAIL ADDRESS.....

LOCATION #..... ROAD..... TAX LOT #..... # ACRES.....

1. DIVISION OF PROPERTY:

NUMBER OF **NEW** LOTS CREATED..... TOTAL # OF LOTS.....

PLEASE SUPPLY SURVEY OF PROPERTY OR PLAT PLAN, **TO SCALE**, SHOWING EXISTING AND PROPOSED PROPERTY LINES, ACREAGE, LEGAL RIGHTS-OF-WAY AND ANY OTHER PERTINENT INFORMATION

2. NEW CONSTRUCTION AND/OR NEW ADDITIONS:

TYPE AND USE OF STRUCTURE.....

.....

SIZE OF STRUCTURE: FRONT.....SIDE.....SIDE.....REAR..... HEIGHT.....

FLOOR AREA- BSMT (FINISHED).....1ST FL.....2ND FL..... 3RD TOTAL

STRUCTURE SET BACK FROM CENTER OF LEGAL RIGHT-OF-WAY.....

FROM ADJOINING PROPERTY LINES: SIDE SIDE REAR

EST. DATE WORK TO COMMENCEEST. DATE OF COMPLETION

(PLEASE SUPPLY SURVEY OF PROPERTY OR PLAT PLAN, **TO SCALE**, SHOWING PROPERTY LINES, LEGAL RIGHTS-OF-WAY, PROPOSED STRUCTURE, ALL SET BACKS AND ANY OTHER PERTINENT INFORMATION)

3. RESTORATIONS, RELACEMENT, RENOVATIONS AND SIGNAGE:

TYPE AND USE OF STRUCTURE.....

.....

WARNING: State permits may be required for this project. Call 1-802-279-4747 to speak to the State Permit Specialist before beginning any construction.

APPLICATION FOR ZONING PERMIT

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HEALTH PERMIT NUMBER..... DATE

ACCESS PERMIT NUMER 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 spaces 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:

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.....

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,.....

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.

1. 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**

2. 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 65 ft. from center line of legal access).

C. Side setback distance (minimum 25 ft. from either property line.

D. Rear setback distance (minimum 25 ft from either property line.

E. Structure distance from stream/river (minimum 75 ft. from high water mark).

F. Structure must be erected on land with a slope of 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.

3. Restoration, Replacements, Renovations and signage

A. Indicate type and use of structure. See note on application section

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

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Application Fees

- A. Land division
For each newly established lot: One hundred dollars (\$100.00)
- B. Dwellings
 - 1. New construction, additions, relocations of existing dwelling: 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 gross square foot (Exterior dimension)
- C. Commercial
New construction, additions, relocation of existing structure: Twenty cents (0.20) per gross square foot (exterior dimension). (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 By-Law: One hundred Dollars (\$100.00)
- F. Late Fee
For work done without a permit: double the normal application fee.
- G. Minimum Application Fee
Minimum application fee for a Zoning Permit. Ten Dollars (\$10.00)
- H. Recording Fee
Add a state recording fee of FifteenDollars (\$15.00)

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 Fifteen Dollar (\$15.00) recording fee must be included with the application fee for a zoning permit in addition to the appropriate application fee. This may be on one check made out to the TOWN OF NEWFANE.

2. Vermont statute (24VSA4448(d) and Section 207.1 of the Newfane Zoning By-laws 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 fill 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 296, Newfane, VT 05345 or drop off at the Town Offices, 555 Vermont Route 30 in Newfane.