**TOWN OF WHITING, VERMONT APPLICATION FOR BUILDING PERMIT AND/OR CHANGE OF USE**

**INDEX #** Date Received Fee Check #

|  |  |
| --- | --- |
| **APPLICANT** | **LANDOWNER** [if different from applicant] |
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |
| Cell Phone: | Cell Phone: |
| Email: | Email: |

Street Address of Property

Parcel # Zoning District Lot Size/Acreage of Lot

Lot Frontage [length of lot along street, or if not fronting on public street, along lake] If Applicable:

Existing Structure’s Use Existing square footage Height of tallest structure Existing Use Name of Business Application for: □new construction □addition □alteration □change of use □demolition **LOCATION AND DIMENSIONS OF PROPOSED NEW STRUCTURE OR ADDITION:**

Side yard setbacks: side one side two

rear yard

Front yard setback: (measured from center of public road, or lake edge) Length feet; Width feet; Height feet

Number of stories Total square footage of footprint Description of Project

# PLANS

Provide the following drawings

1. A legible site plan drawn to scale, with a north arrow, showing the location, shape, size, and exact relation to all property and road lines of any structure to be erected, altered, extended, or moved, and the names of abutting property owners on the respective property lines; include the location of power lines, septic systems, wells, and any other significant features such as ledges, rights-of-way, or wetlands which might affect the design or approval of your project
2. A drawing of the floor plan with detailed dimensions and setbacks to property lines.
3. Elevations of the proposed structure with dimensions.

# STATE PERMITS

**The applicant must contact the Vermont Department of Environmental Conservation Permit**

**Assistance Specialist for this region (802-786-5907 or** [**Rick.Oberkirch@state.vt.us**](mailto:Rick.Oberkirch@state.vt.us) **) to determine whether any State permits are necessary for this project, and if so, obtain them and provide a copy to the Zoning Administrator prior to occupancy.**

**INDEX # Parcel #**

No Certificate of Occupancy/Compliance shall be issued for any use and/or structure unless constructed and completed in conformity with the representations contained in this application. The undersigned hereby applies for a Zoning Permit to be issued on the basis of the representations contained here, and under penalty of perjury swears that to the best of his/her knowledge these representations are true. The contents of this application as well as any information gathered by the Zoning Administrator or Zoning Board of Adjustment, including site visits, will form the basis for granting or denying the requested permit.

Signature of Applicant/Agent Date

Signature of Landowner\_ \_ Date

* Found to meet the official zoning ordinance of the Town of Whiting and approved by the Zoning Administrator on , 20\_ .
* Standard Zoning Permit □ Standard Zoning Permit after construction
* One-Year Extension of Permit □ Minor Amendment of Permit #
* Found not to meet the official zoning ordinance of the Town of Whiting by the Zoning Administrator on , 20 , and referred to the Zoning Board of Adjustment for the following reasons:

*Zoning Administrator Date*

Adjoining Landowners [name, mailing address, and parcel #]

# DECISION OF THE ZONING BOARD OF ADJUSTMENT

Received: Posted: Approved: Denied: Date:

Chair, Zoning Board of Adjustment Zoning Board Members: