

Applicant ☐Zoning Admin ☐Posting ☐Lister ☐

Permit #

Approval Date

Appealed?

OFFICE USE ONLY: Do Not Write Above This Line

APPLICATION FOR ZONING PERMIT

The undersigned hereby requests a zoning permit for the following use, to be issued on the basis of the representations contained herein. Permit will become void in the event of misrepresentation or failure to undertake construction within one year of the date of approval or completion within two years.

Owner of Record:					
Mailing Address:					
Telephone:					
Telephone:					
Email:					
Representative or Contact Person: (if different from owner)					
Mailing Address:					
Telephone:					
Telephone:					
Email:					
Description of Property (The following information may be obtained in the Mendon Town Office.)					
Deed to this parcel is recorded in:	Book		Page		
Zoning District:					
Names of all Owners of Record:					
911 Street Address:					
Property Tax Map Number:	Map		Block		Parcel
Lot Size:					
Description of Project					
Nature of Project (New construction that requires a well or septic system requires a State of Vermont Wastewater Permit.)					
Existing Use and Occupancy					
Change of Use (requires site plan approval)					
Existing Number of Bedrooms					
Proposed Number (The addition of any bedroom(s) that increases the design flow for the water and wastewater systems requires a State of Vermont Wastewater Permit.)					
Proposed Use and Occupancy					

The applicant or an interested person may appeal any decision by the Administrative Officer within fifteen (15) days of the date of such decision. This permit shall not take effect – NO CONSTRUCTION ALLOWED – until the time for such appeal has passed.

Project Specifications								
Building Description	Existing				Proposed			
Length:								
Width:								
Number of Stories:								
Max. Height of Highest Finished Floor								
Total Square Feet of Area	Existing				Proposed			
Basement:								
First Floor:								
Second Floor:								
Third Floor:								
Loft(s):								
Deck(s):								
Porches(es):								
Pool:								
Other (please describe):								
Setback From Road Right-of-Way (feet):	Front		Rear		Side		Side	
Off Street Parking Area	Residence # of Spaces				Business # of Spaces			
Access Permit Approved by Road Commissioner:	Yes			No			n/a	
A general plot plan showing the location and dimension of the building, setbacks from road and property lines, well and septic, and a floor plan and elevation plan MUST be attached to this application.								
Value of New Construction:								
Approximate Completion Date:								
Signature of Owner of Record:								
Date:								

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Administrator Review			
Date Received:			
Permit Fee:			
Recording Fee:			
Paid:			
Permit Received By:			
Referred to Zoning Board of Adjustment or Planning Commission:		Yes	No
Date referred to ZBA or PC:		(Any permit referred to the Planning Commission for review is automatically stayed until decision)	
		Fee:	
		Paid:	
Approved:	Denied:	Date of Approval or Denial:	
Conditions:			
Appeal Period Begin:			
Appeal Period End:			
Appealed?	Yes	No	Date of Appeal
Reason for Denial or Referral to ZBA:			
Signature of Administrative Officer:			
Date:			

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