



# Zoning Permit Application

Town of Northfield, Vermont  
51 S. Main St, Northfield, VT 05663  
802-485-9824

Zone \_\_\_\_\_  
Floodplain \_\_\_\_\_

Parcel # \_\_\_\_\_

Property Location \_\_\_\_\_ new 911 needed:

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Existing Use(s) of Property \_\_\_\_\_

Proposed Development \_\_\_\_\_

1. Please provide a plan showing property boundaries (including road frontage with road name), acreage, existing structures, dimensions of proposed structure, and distances from proposed structure to front, rear, and side property boundaries.
2. Owner/Applicant is responsible for obtaining all other required permits. Please contact the state Permit Specialist at 802-476-0195 to determine whether any state laws, codes, or permit requirements apply.
3. The undersigned hereby certifies under the pains and penalties of perjury that the information submitted in this application regarding the property is true, accurate, and complete, and that the applicant has full authority to request approval for the proposed use of the property and any proposed modifications.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

If Applicant is *not* the Owner:

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Application #

[Date Stamp]

### Fees

Application Fee \_\_\_\_\_  
Additional Fee \_\_\_\_\_  
Recording Fee \_\_\_\_\_  
Total Fees \_\_\_\_\_

Paid date & initials \_\_\_\_\_

### Review Required

- Administrative  
Decision Date: \_\_\_\_\_  
 Approved /  Denied /  Referred to:
- State Floodplain Program  
Date Submitted: \_\_\_\_\_  
Response: \_\_\_\_\_
- Development Review Board  
\_\_ Conditional Use / \_\_ Variance / \_\_ Appeal  
Hearing Date: \_\_\_\_\_  
 Approved /  Denied /  No Action

The approval or denial of this permit application by the Zoning Administrator may be appealed to the Development Review Board within 15 calendar days of the decision date. The permit will not be valid until the end of the 15-day appeal period.

Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a sketch of the project in the space below (or attach plans). You must show:

- \* property boundaries (including road frontage with name) and acreage
- \* existing structures
- \* dimensions of the proposed structure
- \* distances from the proposed structure to front, rear, and side property boundaries

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of the project. The box is currently blank.

If public utilities are required, please attach Public Utility Checklist.