

Fee: _____
Date Paid: _____
Received by: _____

Application # _____

Town of Fair Haven Application for Zoning Permit

Name of Applicant: _____ Phone: _____
Address: _____

Name of Property Owner: _____ Phone: _____
Address: _____

Location of Property: _____

Deed Reference for Property: Book # _____ Page# _____ (Available from Town Clerk)
Size of Property: _____ Tax Map number: _____

Present Use of Property: (Please circle the use that applies.) Vacant Lot, Single-Family,
Multi Family - number of units _____, Commercial - number of units _____,
Non-Conforming Use - Explain : _____
Other Use - Explain: _____

Description of All Proposed Work: _____

Square Footage of Proposed Additional Ground-Level Area: _____
Proposed Building Height: _____ (Average finish grade to highest point of roof)
Approximate Cost of New Construction: \$ _____

Description of All Proposed Uses: _____

Roads or Waterways Adjoining Property: _____

Does the Property Owner Own an Adjoining Property: _____
If yes, please Describe the Adjoining Property: _____

*****REQUIRED INFORMATION*****

Please attach a sketch of the property showing as clearly as possible the locations and dimensions of:

The Property	Driveways	Wells	Easements/right-of-ways
Existing Structures	Parking Areas	On-Site Septic Areas	Areas in the Floodplain
Proposed Structures	Floor Plans (each floor, including basement)		Wetland Areas

When the sketch is drawn to scale, the scale must be provided.

When the sketch is not drawn to scale, all dimensions and distances must be provided.

An example of the required sketch is located on page four of this application form.

CERTIFICATION OF APPLICANT

The undersigned applicant hereby certifies that all information submitted in this application regarding the property is true and accurate and the information provided is complete.

Date

Signature

PROPERTY OWNERS AUTHORIZATION

The undersigned property owner hereby certifies 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 proposed and existing structures.

Date

Signature

(Please note: All applications must be approved or denied by the Zoning Administrative Officer within thirty days of receipt of the complete application, accompanied by the required fee. While permit applications are usually processed shortly after receipt, an application may not be acted upon, for a number of reasons, until the end of the thirty-day period. Also, there is a fifteen-day appeal period between the date a zoning permit is issued and the date it becomes effective. Due to these time periods, please submit an application allowing sufficient time in advance of the planned start date of any construction or change in use.)

Zoning permits are issued on the basis of the representations contained in the application. Permits will be void in the event of misrepresentation of application information.

*****Other Required Permits*****

This form constitutes a local permit application. To determine what other permits may be required for your project, contact the State of Vermont, Department of Environmental Conservation, Permit Assistance Specialist. The local Specialist can be reached by: [phone] 802-282-6488 or [fax] 802-786-5915.