



ZONING PERMIT APPLICATION

Permit # _____

Parcel ID: _____

Please review the Richmond Zoning Regulations and provide all the information requested in this application. Additional local permits and approvals may also be required (such as access permits, water & sewer allocations, E911 address assignments.) For information contact the Zoning Administrative Officer at 802-434-2430. Other federal, state and local permits or approvals may additionally be required, it is the duty of the applicant to obtain all relevant and applicable approvals. To inquire about State permits contact the State Permit Specialist at 802-477-2241.

Application Date: _____ Physical Address of Property: _____

Applicant Name: _____ Property Owner Name: _____

Applicant Mailing Address: _____ Owner Mailing Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Description of Project: _____

Zoning District: _____ Is property in floodplain? _____ Size of property (acres)? _____

Current Use of Property: _____

Proposed Use of Property: _____

Project Dimensions: Total new square footage: _____ Length x Width x Height (ft): _____

Project setbacks: Distance of project from the property boundaries (ft): Right: _____ Left: _____ Rear: _____ Front: _____

➔ With this completed application form please submit: A Sketch Plan (see back page for info) The Permit Fee (see back page for info) ◀

NOTE: The Zoning Officer has 30-days to act on a complete permit application. Once a decision is made, this permit will be effective at the end of the 15-day appeal period, **no construction is allowed during the appeal period.** The applicant or an interested party has the right to appeal this permit decision within 15-days of issuance to the Richmond Development Review Board. Upon approval the applicant is responsible for posting the provided "Z" poster within view of a public right-of-way. If a Certificate of Occupancy is required use or occupancy shall not occur until a Certificate of Occupancy is issued. An approved permit shall expire 24 months after the appeal period end date.

Signatures: The undersigned hereby certifies this information to be complete and true.

Applicant Signature

Date

Property Owner Signature

Date

— DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY —

Application Complete Date: _____ Decision: APPROVED / DENIED / WITHDRAWN Zoning Fee: _____

Appeal Period End Date/ Permit Effective Date: _____ Certificate of Occupancy Required: YES / NO

Comments: _____

Zoning Administrative Officer signature: _____ Date: _____

TOWN CLERK'S OFFICE Received for Record: _____ A.D. _____ At _____ o'clock _____ minutes _____ M
And Recorded in Book: _____ page _____ Attest: _____

