TOWN OF TINMOUTH, VERMONT
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. This permit is void in the event of misrepresentation or if construction is not commenced within nine months and completed within two years. New Driveways require a Town Highway Permit to connect with a Town Road. Before there is any use or occupancy of any structure or addition authorized, it must be inspected upon completion by the Zoning Administrator and a Certificate of Occupancy issued.

Location of Property _____ Tax Map Parcel ID #:_____

Zoning District _____ Overlay: Yes ___ No ___ If yes, describe _____

Name of landowner: _____

Address: _____ Phone:_____

Name of applicant (if other than landowner): _____

Address:_____ Phone:_____

Project Description: _____

New Construction ___ *Addition* ___ *Change of Use* ___ *Structural Alteration* ___ *Other*___

Existing Use and Occupancy _____ Proposed Use and Occupancy_____

Change of Use: Yes ___ No ___ Explain _____

Lot size _____(sq.ft. or acres) Frontage on public road _____(feet)

Building length_____ width_____ Number of stories_____

Building Setback from: Centerline of Road _____
Property Boundaries: Rear _____ Side _____ Side _____

Type of water system_____ Type of septic system_____

State Health permit applied for: ____YES ____NO; Driveway permit: ____YES ____NO
A copy must be provided to the Town before dwelling construction begins.

Please contact the Permit Specialist for the State of Vermont at 802-786-5907, or visit www.anr.state.vt.us/dec/permits.htm to determine whether any State Laws or Permits apply (including but not limited to Act 250, water/wastewater, energy efficiency, subdivision, stormwater, curb cut, health, building codes, etc.)

A general plot plan showing the location of the property and buildings or work areas must be attached to each copy of this application.

I hereby certify the information contained herein, including all attached documents, is true and accurate:

Signature of Applicant:_____ Date:_____

FOR USE BY ADMINISTRATIVE OFFICER ONLY

Application No._____ Received_____ Fee Paid _____

Approved _____ Denied _____ Referred to Board of Adjustment _____ Date_____

Comments/Conditions _____

Signature of Zoning Administrator _____ Date _____

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

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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**