

# TOWN AND VILLAGE OF SWANTON, VERMONT

## BUILDING PERMIT

The undersigned hereby requests a zoning permit for the following construction, to be issued on the representations contained herein and on the attached sketch plan, which shall illustrate the existing and proposed structure locations and distances to all property lines. This permit shall become null and void in the event of misrepresentation of facts, or failure to substantially complete the proposed work within one year from the effective date, in accordance with Article 10, Section 10.1(E) of the Zoning Bylaws. This permit is granted by the authority of the Swanton Zoning Administrative Officer, in accordance with Article 10, Section 10.1 of the Zoning Bylaws.

|                      |  |                            |  |
|----------------------|--|----------------------------|--|
| <b>PERMIT NUMBER</b> |  | <b>LANDOWNER SIGNATURE</b> |  |
| <b>DATE APPLIED</b>  |  | <b>APPLICANT SIGNATURE</b> |  |

### APPLICANT & LANDOWNER INFORMATION

|                                  |  |
|----------------------------------|--|
| <b>LANDOWNER NAME</b>            |  |
| <b>LANDOWNER MAILING ADDRESS</b> |  |
| <b>LANDOWNER PHONE NUMBER</b>    |  |
| <b>APPLICANT NAME</b>            |  |
| <b>APPLICANT MAILING ADDRESS</b> |  |
| <b>APPLICANT PHONE NUMBER</b>    |  |

### LOT & SETBACK INFORMATION

|                                                         |               |                        |                         |
|---------------------------------------------------------|---------------|------------------------|-------------------------|
| <b>PARCEL ID</b>                                        |               | <b>ZONING DISTRICT</b> |                         |
| <b>PROPERTY ADDRESS</b>                                 |               |                        |                         |
| <b>DEED DESCRIPTION</b>                                 | <b>BOOK:</b>  | <b>PAGE:</b>           |                         |
| <b>LOT SIZE (in feet or acres)</b>                      |               |                        |                         |
| <b>SETBACK FROM FRONT, REAR, AND SIDE PROPERTY LINE</b> | <b>FRONT:</b> | <b>REAR:</b>           | <b>SIDE:      SIDE:</b> |

### CONSTRUCTION DETAILS

|                                          |                  |                |                  |                            |
|------------------------------------------|------------------|----------------|------------------|----------------------------|
| <b>NATURE OF PROJECT</b>                 |                  |                |                  |                            |
| <b>BUILDING DIMENSIONS</b>               | <b>LENGTH:</b>   | <b>WIDTH:</b>  |                  |                            |
| <b>NUMBER OF STORIES &amp; BEDROOMS</b>  | <b>STORIES :</b> | <b>ROOMS :</b> | <b>BEDROOMS:</b> | <b>BATH:      KITCHEN:</b> |
| <b>TYPE OF WATER &amp; SEWAGE SYSTEM</b> | <b>WATER:</b>    | <b>SEWAGE:</b> |                  |                            |

### FOR USE BY ADMINISTRATIVE OFFICER ONLY

| <b>DATE APPLICATION FILED</b>                                                                                                                   |                                       | <b>APPEAL TO DEVELOPMENT REVIEW BOARD</b>                                                                                                                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>FEE INFORMATION</b>                                                                                                                          | <b>AMOUNT:</b> <b>DATE:</b>           | <b>DATE OF HEARING</b>                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                 | Recording:<br>CASH      CC      CHECK | <b>DATE APPROVED</b>                                                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                 | Town Clerk Initials:                  | <b>DATE DENIED</b>                                                                                                                                                                                                                                                                                                 |  |
| <b>DATE APPROVED</b>                                                                                                                            |                                       | <i>An appeal of the Zoning Administrative Officer's decision must be filed with the DRB within 15 days of the Approval/Decision Date.</i><br><b>Reason for appeal</b><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |  |
| <b>EFFECTIVE DATE</b>                                                                                                                           |                                       |                                                                                                                                                                                                                                                                                                                    |  |
| <b>DATE DENIED</b>                                                                                                                              |                                       |                                                                                                                                                                                                                                                                                                                    |  |
| <b>REASON DENIED</b>                                                                                                                            |                                       |                                                                                                                                                                                                                                                                                                                    |  |
| <b>SIGNATURE</b><br>Carolyn Towsley<br>Zoning Admin Officer                                                                                     |                                       | <b>Signature of Appellant:</b><br><br>                                                                                                                                                                                                                                                                             |  |
| <b>ZA copy</b> <input type="checkbox"/> <b>File</b> <input type="checkbox"/> <b>Applicant copy</b> <input type="checkbox"/> <b>Listers copy</b> |                                       |                                                                                                                                                                                                                                                                                                                    |  |