

TOWN OF Wallingford, Vt., VERMONT

FLOOD HAZARD AREA PERMIT APPLICATION

Parcel ID# _____

Permit No. _____

Applicant: _____ Phone Number: _____

Property Address: _____

Property Owner (if not same as applicant): _____

Owner's Address: _____

1. DESCRIBE WHAT YOU ARE APPLYING FOR. Include dimensions of any new structures, additions to structures, or structures to be repaired or improved. Use a separate sheet if needed.

2. PROVIDE A SKETCH OF WHAT YOU ARE APPLYING FOR ON A SEPARATE SHEET. Draw a lot outline and show all existing and proposed structures, roads, driveways, parking areas, wells, septic systems, bridges, and culverts within that lot.

PROPERTY OWNER: The undersigned property owner hereby certifies that all information submitted on or with this application is true and accurate, consents to its submission, and understands that if the application is approved, the permit and any attached conditions will be binding on the property. Further, the undersigned authorizes the Administrative Officer access, at reasonable times, to the property covered by the permit issued under this application, for the purposes of ascertaining compliance with the permit.

Property Owner's signature

Date

APPLICANT (if not the property owner): The undersigned applicant hereby certifies that all the information submitted on or with this application is true and accurate.

Applicant's signature

Date

For Completion by Administrative Officer

Date application received: ____ / ____ / ____

Date application deemed complete: ____ / ____ / ____

NO PERMIT REQUIRED (no permit fee)

- Structure is outside of mapped flood hazard areas
- Road maintenance with no increase in grade
- Open space, forestry or agricultural use
- Other _____

Comments: _____

ADMINISTRATIVE PERMIT (permit application fee received: \$ 60)

- Non-substantial structural improvement
- Small accessory structure
- Building utilities
- At grade parking for existing buildings
- Recreational vehicle
- Other _____

Comments: _____

CONDITIONAL USE PERMIT (application fee \$ _____ plus hearing fee \$ _____ received)

Date complete application sent to Vermont NFIP Coordinator for review ____ / ____ / ____

Board of Adjustment Hearing Date ____ / ____ / ____

Board of Adjustment Decision Date ____ / ____ / ____

Permit Denied for following reasons: _____

Permit Granted with following conditions: _____

_____ Administrative Officer signature	_____ Date
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