

**Town of Wallingford, VT GENERAL ZONING PERMIT APPLICATION** (Revised, per Regs. adopted 8/17/2015)

This multi-purpose Application Form is for both Residential & Commercial projects; including new Construction, Additions, certain Renovations, Accessory Structures, Signs, and Changes of Use. If it will help to clarify your permit request, please use additional pages to further describe your Application\*. If an Application question is unknown, or may not apply, please leave blank. The Zoning Administrator will review & assist in completing the required information. **Subdivisions, Intent to Build an Agricultural Structure, and new Driveway Access requests require an ADDITIONAL FORM and Information.** IF your Application does NOT NEED a LOCAL PERMIT, a (FREE) "NO TOWN PERMIT REQUIRED" determination will be issued by the Zoning Administrator; and this should avoid any future questions on your Project.

Most Applications will require a Site Plan, clearly and accurately showing distances from the Project to the Property Boundaries. The Town Permit Fee required has to be included with the Application (refer to separate Permit Fee Schedule; there is no longer a \$2000 Project Cost Exemption for a Permit). Include Septic and Water Supply information, or approved VT Waste-Water Permit documentation, if required with your Application.

**There are legal PUBLIC NOTICE & APPEAL Periods, which have to be satisfied before a Permit is in effect and construction may begin.** These vary from a MINIMUM of FIFTEEN (15) DAYS, to over 45 days. Starting a project before the effective date of a Permit will result in a \$250 additional Administrative Fee, and a possible Zoning Violation.

==== FOR ZONING ADMINITRATOR (ZA) TO COMPLETE=====

**APPLICATION #** \_\_\_\_\_ **date recv'd by ZA** \_\_\_\_\_ **Permit Fee** \_\_\_\_\_  
**ZA initial review of Application/Action** \_\_\_\_\_

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**APPLICANT(s):** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

\_\_\_\_\_ **IF Applicant is NOT LEGAL OWNER of the Subject Property (i.e. a future Owner, Contractor, or other designated Agent for the Owner), complete following:**

**AGENT for LEGAL OWNER** (a letter from Legal Owner, authorizing the designated Agent to be attached to Application):

**Name:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**AGENT Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SUBJECT PROPERTY:** Address \_\_\_\_\_ **Twn. Parcel #** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_ **Acreage:** \_\_\_\_\_ **In Current Use Value?** \_\_Y\_\_ N **Tax Map#** \_\_\_\_\_

**IS YOUR PROJECT:** In a FEMA Flood Zone? \_\_\_\_\_ **Impact Wet Lands?** \_\_\_\_\_ **Disturb over 1 Acre?** \_\_\_\_\_

**PRESENT USE OF PROPERTY:** \_\_\_\_\_

**Water Supply** (Municipal, drilled Well, Spring): Existing \_\_\_\_\_ **If New, WW Permit#** \_\_\_\_\_

**Sewage Disposal** (Munic., on-site Septic, Other): Existing/ # bedrms \_\_\_\_\_ **If New, WW Permit#** \_\_\_\_\_

**\*DESCRIPTION OF APPLICATION/USE REQUESTED:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SETBACKS:** Front/street \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft. Sides (N,S,E,W &/or looking from street to structure) Left. \_\_\_\_\_ ft. Right \_\_\_\_\_ ft.

**NEW BLDG. DETAILS:** Length \_\_\_\_\_ ft. Width \_\_\_\_\_ ft. Height \_\_\_\_\_ ft.(from lowest finished Level) **Foundation** \_\_\_\_\_

Attachments to this Application Include: Site Plan \_\_\_\_\_ Additional Info. \_\_\_\_\_ VT W-W Permit \_\_\_\_\_

Applicants & and/or their Agents are responsible for the accuracy of information they have submitted; and acknowledge that any false statements, inaccuracies or errors, changes or additions without Town approval, and any non-compliance with any conditions required are grounds for this Permit's revocation and any resulting Zoning Violations. This Application does not release the Owner from conforming to and/or obtaining any and all other Town, State or Federal permits that may be required for this Project. If your project involves expanded septic/water use, commercial or rental property, is within mapped Flood Zones or Wet Lands, additional approvals may be required. You are advised to contact Rutland County's VT Permit Specialist [Rick.Oberkirck@VT.State.US](mailto:Rick.Oberkirck@VT.State.US) for additional information.

\_\_\_\_\_  
**Legal Owner or Agent's Signature**

\_\_\_\_\_  
**Date of Application**

**ZONING ADMINISTRATOR'S ACTION:** VT Resid./Commer. Building Code Hand Book Offered/Supplied on Request \_\_\_\_\_

**SITE REVIEW (If Required)** Date of Property Visit: \_\_\_\_\_ Result: \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **EFFECTIVE PERMIT DATE** (after required 15 Day Appeal Period\*) \_\_\_\_\_

\*If the Approved Permit is APPEALED, the Permit is suspended until a decision by the Development Review Board. A Town Permit is valid for Two Years (24 months) of Effective Date; and EXPIRES if project IS NOT COMPLETE within this time. An extension to a Project may be granted in advance of expired date & under certain circumstances, per Rules.

**DENIED (Basis):** \_\_\_\_\_

Any DENIAL by the Zoning Administrator may be APPEALED, in writing to the Town Clerk within 15 Days of ZA decision.

**APPEAL/ REFERRAL to DRB:** Requested by Applicant to Appeal the decision of the ZA on this Permit Application, on the basis as a Pre-Existing & Non-Conforming Use or Structure, Conditional Use Development, or Variance; OR other Federal, State & Local Zoning Regulations that may apply (documents to detail/support Appeal basis required).

**APPLICANT/ AGENT REQUEST to APPEAL ZA Decision;** \_\_\_\_\_ Recv'd by Twn. Clerk \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

**Zoning Administrator's Signature**

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**DEVELOPMENT REVIEW BOARD (DRB) ACTION:** \_\_\_\_\_

**Date of Public Hearing(s)** \_\_\_\_\_ **Date of DRB decision:** \_\_\_\_\_

**Conditions or Terms of DRB Decision** (which is attached to, and a Condition of any Final Zoning Permit issued. VT Statute allows for this DRB decision to be appealed within 30 days of notice, by any Interested Party, to VT's Environmental Court).

\_\_\_\_\_  
Date of Final Town Zoning Permit decision by Zoning Administrator, upon DRB instruction: \_\_\_\_\_