

TOWN OF WALLINGFORD

75 School Street, Wallingford, VT 05773

ZONING PERMIT APPLICATION

802-446-2974; Fax: 802-446-3174

Any person planning work at a cost greater than \$1,999 must obtain a building/zoning permit.

Application #: _____	Fee (see below) Paid: _____
Date Application Received _____	ZA Action: _____ To E911: _____
To Development Review Board	Meeting Date: _____
Date Warned In Rutland Herald: _____	Abutters Notified: _____

Owner/Applicant: _____

(*if not owner, please submit letter authorizing agent status)

e-mail address: _____ Phones: _____

Mailing Address: _____

Property Location: _____

Parcel # _____ Zoning District _____ Acreage _____

Existing use/buildings _____

Project Description: _____

Dimensions of building(s): _____

Project Cost: _____

Setbacks: Front _____ Rear _____ Left Side: _____ Right Side _____

Height: _____ % Coverage (if applicable) _____

Water Supply: Town Well

Sewage: Town** Septic

Flood Hazard Area **Wetlands** **Public Building**

Will the project involve more than 1 acre of land? _____

PLOT PLAN

→ **Attach a plot plan, maximum 11"x17", showing entire parcel, lot dimensions, building(s) placement and dimensions, town and other roads, driveway*, septic system, well, setbacks of buildings from property lines and roads, north arrow.**

Approval by the Town of Wallingford does not automatically qualify you for a State Permit. Contact the Permit Specialist at 802-786-5907 for information.

Building Fee: \$60 plus \$1 for each \$1,000 of construction VALUE over \$15,000.

***If a new driveway is requested, please complete and return the attached Driveway Access Permit, with fee (\$35)**

**** Requires separate permit from Fire District #1**

***Owner/Applicant Signature**

Date

DRB Decision: _____ Signed: _____ Comment: _____