## TOWN OF Wallingford, Vt., VERMONT

## FLOOD HAZARD AREA PERMIT APPLICATION

Parcel ID#	Permit No
Applicant:	
	plicant):
Owner's Address:	
1. DESCRIBE WHAT YOU ARE AP	PLYING FOR. Include dimensions of any new structures, additions 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 proposed structures, roads, driveways, parking areas, wells, erts within that lot.
with this application is true and acco s approved, the permit and any atta undersigned authorizes the Adminis	ned property owner hereby certifies that all information submitted on or trate, consents to its submission, and understands that if the application ched conditions will be binding on the property. Further, the trative Officer access, at reasonable times, to the property covered by tion, for the purposes of ascertaining compliance with the permit.
Property Owner's signature	Date
APPLICANT (if not the property ow submitted on or with this application	ner): The undersigned applicant hereby certifies that all the information 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: \$ \_\_\_\_\_\_) ■ Non-substantial structural improvement ■ Small accessory structure ■ Building utilities ■ At grade parking for existing buildings □ Recreational vehicle ☐ Other \_\_\_\_\_ ☐ 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:

Date

**Administrative Officer signature**