

TOWN OF ORWELL

PERMIT APPLICATION FORM

[Please complete all pages]

DATE	PERMIT #	MAP #	PARCEL #
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APPLICANT'S NAME BUSINESS NAME APPLICANT'S ADDRESS APPLICANT'S PHONE # PROPERTY OWNER (If different from applicant) ADDRESS OR LOCATION OF PROPERTY	APPLICATION FOR (Check Appropriate Box) 1. Zoning Permit <input type="checkbox"/> 2. Conditional Use Permit <input type="checkbox"/> 3. Variance <input type="checkbox"/> 4. Subdivision Permit <input type="checkbox"/> 5. Certificate of Compliance <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> _____ <input type="checkbox"/>
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NATURE OF WORK

GENERAL DESCRIPTION OF PROPOSAL

PROJECT AREA (Square Feet)	OCCUPANCY: <input type="checkbox"/> EXISTING <input type="checkbox"/> PROPOSED TYPE OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION	SET BACKS (ft) FRONT _____ BACK _____ SIDE _____ SIDE _____	TYPE OF WATER SYSTEM _____ TYPE OF SEWER SYSTEM _____	BUILDING LENGTH _____ WIDTH _____ MAX. HEIGHT _____ STORIES _____ BEDROOMS _____
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NOTE: There may be State of Vermont and/or Federal permits or approvals needed for the proposed development or use. Any appeal of the Zoning Administrators decision must be filed within 15 days of the date of decision.

Signature of PROPERTY OWNER _____	Signature of APPLICANT _____
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APPLICATION AND REVIEW PROCESS (Do Not Write Below This Line)

APPLICATION	CHECKED BY	DATE APPROVED	DATE DENIED	EFFECTIVE DATE	DATE EXPIRES
ZONING PERMIT					
CONDITIONAL USE					
VARIANCE					
SUBDIVISION					
CERT OF COMPLIANCE					
OTHER:					

TO _____ DATE _____ DECISION _____ DATE _____
 (DRB OR PC) (APPROVED / DENIED / MODIFIED)

FEES PAID

Check # _____

FEES \$ _____ \$ _____ TOTAL \$ _____ DATE _____ REC'D BY _____

Cash _____

RECORD FEE \$10.00

USE THE SPACE BELOW TO SKETCH YOUR PROJECT

INSTRUCTIONS: Sketch your project. Be sure to include set backs, property boundaries, dimensions, and all other relevant information to the project. Please show the location of your property on the town map on the other side of this application, including specific directions.



COMMENTS BY ZONING ADMINISTRATOR

DATE _____

SIGNATURE _____

COMMENTS BY PLANNING COMMISSION /DEVELOPMENT REVIEW BOARD

DATE _____

SIGNATURE _____