



Application for Conditional Use Permit

The undersigned hereby request a zoning permit for the following conditional use, to be issued on the basis of the representations contained herein. Permit voided in the event of misrepresentation or failure to undertake construction within one year of approval. This application is not valid until properly filled out and all required drawings are submitted with the required fee(s).

Location of Property _____

Name of Applicant _____

Address _____

Phone _____ E-mail _____

Structure Size: Square Feet _____ Length _____ Width _____ Height _____

Existing Use _____

Proposed Conditional Use _____

Zoning District _____ Lot Size: Acres _____ or Square Feet _____

Frontage on Public Road _____ Setback from: Right of Way _____ Rear _____

Left Side _____ Right Side _____

This permit shall not take effect until fifteen (15) days after approval.

Signature of Applicant _____ Date _____

Signature of Land Owner _____ Date _____

Address _____

Phone _____ E-mail _____

Fee Schedule

Area of Structure:	
0 - 499 Square Feet.....	\$ 50.00
500 - 2000 Square Feet.....	\$ 200.00
Over 2000 Square Feet.....	\$ 200.00 +\$25/sq.ft.

WARNING: It is the obligation of the applicant to identify and obtain all necessary state permits that may be required for this project. Call (802) 786-5907 or email rick.oberkirch@state.vt.us to contact Rick Oberkirch, the Rutland County State Permit Specialist before beginning any construction.

Additionally the applicant shall be required to bear the cost of the public warning and the cost and responsibility of notification of adjoining landowners. The applicant shall provide a first-class stamped, addressed envelope for each adjacent property owner (Including property owners directly across roads and watercourses). The Town uses these envelopes and postage to send a notice to adjacent property owners stating your request and informing them of the Development Review Board Hearing's location and time.

For Administrative Use

Application Number _____ Date Received _____ Approved Denied

Referred to _____

Reason for Denial _____

Signature of Administrative Officer _____ Date _____

app. PSB 12.02.09 rev. 04.28.15