

<i>For Office Use</i>	
ZIP #	_____ - _____
Parcel #	_____ - _____
Map #	_____ - _____ . _____
District:	<input type="checkbox"/> V <input type="checkbox"/> RR <input type="checkbox"/> F&A

# Town of Plainfield

P.O. Box 217 • Plainfield, VT 05667-0217  
 phone: 802-454-8461 • fax: 802-454-8467  
 plainfieldza@gmail.com

<i>Received by Town Clerk</i>
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## Zoning Permit Application

*This form serves as the application for all zoning permits and development reviews.*

**A Owner/Applicant Information**

Property Owner Name			
Mailing Address:	Street/P.O. Box	Apt/Suite	
	City	State Zip	
Phone: Day	Evening	Prefer? <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Either	
Is Owner the Applicant? <input type="checkbox"/> Yes ... <i>Skip to Site and Project Information, Section B, below.</i> <input type="checkbox"/> No .... <i>Provide owner name and mailing address (above), indicate relationship to owner, and complete Applicant information below. (All information will be sent to the Applicant when not the owner.)</i>			
If not the Owner	Relationship to Owner:	<input type="checkbox"/> Prospective Owner (have purchase agreement) <input type="checkbox"/> Contractor <input type="checkbox"/> Lessee <input type="checkbox"/> Architect/Designer <input type="checkbox"/> Agent <input type="checkbox"/> Other:	
	Applicant Name:		
	Mailing Address:	Street/P.O. Box	Apt/Suite
		City	State Zip
Phone: Day	Evening:	Prefer? <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Either	

**B Site and Project Information**

Physical Address (911)
In 100 Yr Floodplain? <input type="checkbox"/> Yes ( <i>check Yes if any portion of the parcel is in the district</i> ) <input type="checkbox"/> No
Please briefly describe the project and/or request: .....
.....

**C Site Plan:** All applications must include a site plan. *See the reverse side for more information.*   **➔**

**Signature:** The below signed hereby agrees that the proposed work shall be done as represented on this form and the associated documentation submitted, and that the work shall conform to all applicable town ordinances and regulations. Signing as an "Agent for Owner" indicates that the person signing has the permission of the land owner to act on the owner's behalf. Note: Additional permits may be needed from the State of Vermont and/or the Town of Plainfield.

Indicate if: <input type="checkbox"/> Property Owner   OR <input type="checkbox"/> Agent for Owner
Signature: _____ Date: _____

<b>FOR OFFICE USE ONLY</b>			
Permit fee \$	Recv'd by:	Recv'd from:	Date:
Hearing fee \$	Recv'd by:	Recv'd from:	Date:

**Plainfield Zoning Permit Application—side 2**

**C Site Plan:** All applications must include a site plan showing the dimensions of the lot, the location of all existing structures, development (driveway, well, septic field), water bodies, and all proposed structures and development on the lot. Indicate the setback distances from roads, property lines, and surface waters to the nearest structures. The applicant is responsible for determining the property lines and setback distances.

**For a Sign:** Submit the text, graphics, size, and a site plan map of the sign location on the building or lot.

**For a Subdivision:** Was this parcel created after March 2004?  Yes  No.

For subdivisions and boundary-line adjustments, submit a sketch plan as per the Subdivision Regulations, *Article II Subdivision Review Procedures*.

**For Construction projects:** In addition to the site plan map, an elevation is required for most commercial building proposals. Please answer the questions below for all construction projects:

- Is any portion of the building rented? .....  Yes  No
- Will project require an access permit (driveway opening)? .....  Yes  No
- Will project disturb, grade, or excavate more than one acre of land? .....  Yes  No
- Will project result in increased water or sewer flow? .....  Yes  No
- Does project require an Act 250 permit amendment? .....  Yes  No

Maximum building height: \_\_\_\_\_ feet

For residential structures, please indicate:  
 Single-family  Two-family  Multiple units

For all projects involving single-family houses:

	<u>Existing Rooms</u>	<u>New Rooms</u>
# Bathrooms .....	_____	_____
# Bedrooms .....	_____	_____
# Kitchens .....	_____	_____

**Questions? Contact the Zoning Administrator, Karen Storey, at 454-7856 or plainfieldza@gmail.com**

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**D Action by Zoning Administrator:**

1.  Granted  Referred, date: .....  Denied, date: .....

Reason/Comment: .....

2.  Appealed to the DRB, date: ..... By: .....

**Applicant Note:** An Appeal of a decision or act of the Zoning Administrator must be made in writing to the Chair of the Development Review Board within 15 days of the decision or act.

3. Final Action: Permit # ..... Date issued: ..... Effective date: .....

*DO NOT start this project prior to the effective date, as the statutes require a 15-day appeal period.*

Zoning Administrator: .....

**E Development Review Board Action:**

1. Public notice date: ..... Hearing date: .....

Continued to, hearing date(s): .....

2.  Granted, date: .....  Denied, date: .....

Chair, Development Review Board: .....

**Important:** An appeal from a decision or act by the Development Review Board must be made within 30 days from the date of action shown on lines D2 or D3 above. Said appeal is made to the Environmental Court under 24 V.S.A., §4471.

