

Zoning Permit Application

**Town of Starksboro, POB 91
Starksboro, VT 05487**

Application Number: _____ - _____ - _____ **Date received:** _____

Parcel ID Number: _____ **Parcel Location/ 911 Address:** _____

Application Fee: _____ **Received by** _____ **Cash or Check #:** _____

Application request: Existing Use: _____ **Bedrooms:** Existing _____ New _____

Describe the proposed change in use or improvement to property: _____

Heated/cooled space: Y N **Driveway:** _____ New _____ Existing/no change _____ Change

Road access to your property: _____ public _____ private # of homes on private road _____

Parcel or lot size (acres): _____ **Surveyed:** Y N

Zoning permit review and approval is subject to all the provisions of the Starksboro Land Use and Development Regulations, including but not limited to section 411. Zoning permit shall expire 2 years from the date of issuance/approval, unless otherwise specified. Application will not be deemed complete without signatures of all owners of record and information requested on both sides of application is complete. State permits may be required. Contact the State's Permit Specialist at 802-786-5907 for compliance assistance.

Landowner(s): _____ **Phone #:** _____

Address: _____

Applicant(s): _____ **Phone #:** _____

Address: _____

Signature of Landowners: _____

Signature of Applicants: _____

For TOWN USE Only

Zoning District: _____ **FHO:** Y N **Received (complete):** _____

ZA Action: **Approved:** _____ **Denied:** _____ **Exempt:** _____

Referred to DRB: **date:** _____ **Reason:** _____

DRB action taken: _____ **date:** _____

Signature of Administrator: _____ **Date:** _____

_____ Letter attached and dated _____ is part of this determination.

ZA comments: _____

Approval conditions: _____ **Access permit** _____ **Driveway (section 311)** _____ **C/O (section 413)** _____

_____ **RBES/CBES** _____ **Performance Standards (chpt. 320)** _____ **Resources Protection (chpt. 330)** _____

_____ **Other:** _____

Received for Recording, _____, AD 20____ at _____ o'clock AM PM

Recorded in Book number _____, Page _____, Attest: _____, Town Clerk/ Assistant Town Clerk

Application will not be complete without the information on reverse side.

Proposed construction or land development: _____

Overall Footprint: Length _____ Width _____ Overall height _____

Setback from (feet): Center Line of road: _____ To rear boundary: _____
Side: _____ Side: _____

Distance to stream(s), pond(s), or known wetlands:

Development less than 50-ft. from waterbody Y N
Specific name/type of waterbody (if known): _____

Resource Protection: Land development on slopes between 15% - 25% will require DRB approval

Development of slope grade: less than 15% Y N

Area to be disturbed: less than 10,000 sq. ft. Y N

All land development shall comply with the **“Low Risk Site Handbook for Erosion Prevention and Sediment Control”**.

Site Plan of proposed construction/development: Please provide below or on attach an accurate detailed site plan. Include the relationship of the building(s) and/or additions to the lot, other buildings and roads, location well and septic tank and system. Show road frontage, setbacks, north arrow for orientation and identify adjoining property owners. Please feel free to provide any other information that would be useful in explaining your plans.

Please note that an interested person may appeal any decision of the Administrative Officer within 15 days of the date of such decision (VSA 24, Chapter 117, Sect. 4465 (a)). This permit shall not take effect until the time for such an appeal has passed.