

TOWN OF WESTFORD, VERMONT  
Zoning Permit Application

Please Print Clearly Zoning District(s): \_\_\_\_\_ Tax Map Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Landowner(s) - as recorded in Grand List

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Reach Phone #: \_\_\_\_\_

Applicant(s) (if different from Landowners)

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Reach Phone #: \_\_\_\_\_

Location of Property: \_\_\_\_\_ Acreage: \_\_\_\_\_

Current Land Use: Residential: \_\_\_\_\_ Agricultural: \_\_\_\_\_ Commercial: \_\_\_\_\_ Home Occupation: \_\_\_\_\_

Request Permit For: (Specify) Change of Use: \_\_\_\_\_ Administrative Amendment: \_\_\_\_\_ (see note below)

New Structure: \_\_\_\_\_ Additions, Remodeling: \_\_\_\_\_ Estimated Cost \_\_\_\_\_

Describe: \_\_\_\_\_

Erosion Control and Stormwater Management: Basic Compliance \_\_\_\_\_, OR Alternative Approach \_\_\_\_\_

Residential Building Energy Standards (RBES) Did you receive the manual? \_\_\_\_\_ (write Not Applicable if none required). \*Applies to all new residential construction including additions, alterations, renovations, and repairs.

VT Wastewater and Potable Water Supply Permit # \_\_\_\_\_ (write Not Applicable if none required) Potential Bedrooms allowed \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

Town Access permit: (attach copy or write Not Applicable if none required) \_\_\_\_\_

STRUCTURE: height: \_\_\_\_\_; Square Footage 1<sup>st</sup> Floor \_\_\_\_\_; 2<sup>nd</sup> Floor \_\_\_\_\_; Basement/Attic \_\_\_\_\_; Garage \_\_\_\_\_; Porches, Decks \_\_\_\_\_ Total Square Feet: \_\_\_\_\_

SETBACKS: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ (No construction zones), OR \_\_\_\_\_ Follow building envelope depicted on approved subdivision plat. (All development shall occur within this area).

**These signatures attest that all the information provided with the application is accurate and it is understood that it is unlawful to occupy or use the space applied for until a Certificate of Occupancy is issued.**

\_\_\_\_\_  
Signature of Applicant                      Date signed                      Signature of Landowner                      Date signed

Note: This Zoning permit **EXPIRES** three years after the date of approval.

**Display the permit notice in a location visible from the public right of way until the 15 day appeal period has ended.**

**\*\*Administrative Amendments:** The Administrative Officer must only approve an amendment to a zoning permit or approved site plan upon finding that the proposed amendment conforms to all applicable provisions of these regulations and is not a material change.

**State Permits:** It is the obligation of the Applicant or permittee to identify, apply for, and obtain required state permits for this project prior to any construction. The VT Agency of Natural Resources provides assistance. Please contact the regional Permit Specialist at 879-5676 (111 West St, Essex Jct., VT 05452) for more information.

**DO NOT WRITE BELOW THIS LINE – Office Use Only**

**Administrative Decision**

Completed Application Received: \_\_\_\_\_ Date Permit Valid: \_\_\_\_\_

Date Permit Denied (See Reverse Side for Cause) \_\_\_\_\_

This decision may be appealed by any legally interested party up to and including: \_\_\_\_\_

Date permit expires: \_\_\_\_\_ Application Fee Paid: \_\_\_\_\_

Certificate of Occupancy required? \_\_\_\_\_ RBES required? \_\_\_\_\_

Zoning Administrator Signature \_\_\_\_\_ Date Approved: \_\_\_\_\_