## ZONING PERMIT APPLICATION

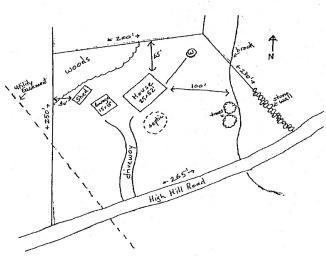
Permit #

Town of Marlboro, Vermont
PO Box E Marlboro, VT 05344 802-254-2181
Fax 802-257-2447 marlborozoningoffice@gmail.com

## **General Information for Permit Applicants**

- An application can not be processed until it is complete and accurate, and the appropriate fees have been paid.
- A complete application requires the signature of the owner(s) of record of the property **and** authorization to represent owner, if the applicant is not the owner of record.
- Any additional pages or attachments must be signed and dated by the applicant, and must include the tax map number of the parcel being developed.
- Fees must be submitted with the application. See permit fee schedule for amounts due.
- Inspection by the Zoning Administrator may be required before the project start.
- The Zoning Administrator has 30 days to act after the receipt of a **complete** application [24 V.S.A. 4448(d)]. **Plan your projects with this time frame in mind.** No permitted development may be undertaken until the appeal period (15 days following the issuance of a zoning permit) has passed.
- Denials may be appealed to the Development Review Board by filing a written request within 15 days of the denial.

## EXAMPLE



	Marlboro, Vermont Town Clerk's Office Received & Recorded
Date	
Book	Page
Attest:_	
	Town Clerk

## Complete all information in ink. If an item does not apply to you, please write in "n/a".

Owner(s)	Applicant (if different)
Mail Address	Mail Address
Phone	Phone
Email	Email
Address	Present Use  ☐ Single or Two-Family Residence ☐ Multi-family Residence ☐ Accessory Dwelling Unit ☐ Camp ☐ Educational ☐ Commercial ☐ Undeveloped Land ☐ Other
Proposed Project (sketch plan required)  □ New Structure □ Additional to Existing Structure □ Accessory Use □ Other	Proposed Project (site plan required).  □ Change of Use □ Conditional Use □ Variance □ PUD □ Other
Explain proposal. (Attach additional sheets if no tax map number in the upper right corner of pa  Submit a project sketch, locating the project area. The show boundary lines, road frontage, driveways, each locate all existing buildings/structures, with dimproperty lines, roads, brooks, and ponds.  I locate all proposed structures, with dimensions ach brooks, and ponds  indicate existing and/or proposed wells, septic taxticities indicate North  show location of brooks, ponds, wet areas, and sign or cellar holes.	ges.)  ne sketch plan must be <b>in ink</b> and must:  asements, and rights-of-way ensions, heights, and setback distances from  nd setback distances from property lines, roads,

FROM THE EFFECTIVE DAT		SENTATION. PERMITS EXPIRE ONE YEAR N STARTED, AND TWO YEARS FROM THE TIALLY COMPLETED.
Date Approved:	Date Posted:	Date Valid:

TAX MAP NUMBER	
Authorization of Owner(s) of Record: I (We) certify that all information on this docume Zoning Administrator to enter the property.	ent is true and accurate. I (We) authorize the
Signature(s)	Date
Certification of Applicant (if different): I hereby certify that all information on this docur on behalf of the owner of record.	ment is true and accurate, and that I am acting
Signature	Date
MARLBORO OFFICIAL USE ONL	<b>Y</b> Permit #
	Y Permit #  Development Review Board
Zoning Administrator	<u>-</u>
MARLBORO OFFICIAL USE ONL  Zoning Administrator  Date received:  Date accepted as complete:	Development Review Board
Zoning Administrator Date received: Date accepted as complete:	Development Review Board  Date DRB determines application complete:
Zoning Administrator  Date received:  Date accepted as complete:  Fee received: \$ Date:	Development Review Board  Date DRB determines application complete:
Zoning Administrator Date received: Date accepted as complete: Fee received: \$ Date:  ACTION: □APPROVED □DENIED □REFERRED TO DRB	Development Review Board  Date DRB determines application complete:  Date of hearing:
Zoning Administrator Date received: Date accepted as complete: Gee received: \$ Date:  ACTION: □APPROVED □DENIED □REFERRED TO DRB Date of action:	Development Review Board  Date DRB determines application complete:  Date of hearing:  ACTION: □APPROVED □ DENIED
Zoning Administrator  Date received: Date accepted as complete: Fee received: \$ Date:  ACTION: □APPROVED □DENIED □REFERRED TO DRB  Date of action: Effective date:	Development Review Board  Date DRB determines application complete:  Date of hearing:  ACTION:   APPROVED   DENIED  Date of action:
Zoning Administrator Date received: Date accepted as complete:	Development Review Board  Date DRB determines application complete:  Date of hearing:  ACTION:   APPROVED   DENIED  Date of action:

Signature:

Signature: