

# ZONING PERMIT APPLICATION

Permit # \_\_\_\_\_

Town of Marlboro, Vermont

PO Box E Marlboro, VT 05344 802-254-2181

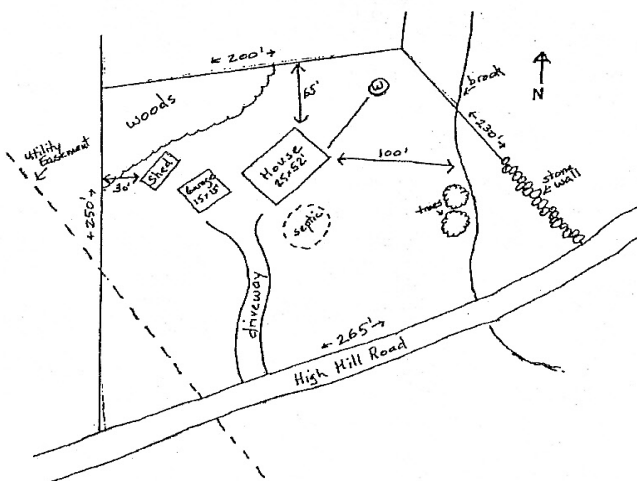
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## General Information for Permit Applicants

- 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	



**NOTE: THIS PERMIT IS VOID IN THE EVENT OF MISREPRESENTATION. PERMITS EXPIRE ONE YEAR FROM THE EFFECTIVE DATE IF THE PROJECT HAS NOT BEEN STARTED, AND TWO YEARS FROM THE EFFECTIVE DATE IF THE PROJECT HAS NOT BEEN SUBSTANTIALLY COMPLETED.**

Date Approved:

Date Posted:

Date Valid:

**TAX MAP NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Authorization of Owner(s) of Record:**

I (We) certify that all information on this document is true and accurate. I (We) authorize the Zoning Administrator to enter the property.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**Certification of Applicant** (if different):

I hereby certify that all information on this document is true and accurate, and that I am acting on behalf of the owner of record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MARLBORO OFFICIAL USE ONLY** Permit # \_\_\_\_\_

<b>Zoning Administrator</b>	<b>Development Review Board</b>
Date received:	Date DRB determines application complete:
Date accepted as complete:	Date of hearing:
Fee received: \$ _____ Date: _____	
<b>ACTION:</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> REFERRED TO DRB	<b>ACTION:</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Date of action:	Date of action:
Effective date:	Date decision issued:
Expiration date:	
Inspection date:	
Notes & Conditions:	Conditions/Findings Letter: (within 45 days of hearing adjournment)
Signature:	Signature: