

Town of Berkshire, Vermont

ZONING OFFICE

4454 WATER TOWER ROAD

802-933-2335 FAX 802-933-5913

Ann E. Lavery, Zoning Administrator

Date _____

Permit # _____

ZONING APPLICATION

ACTION REQUESTED:

____ Building Permit, ____ Site Plan Review, ____ Certificate of Compliance, ____ Subdivision

APPLICANT _____ OWNER _____
ADDRESS _____ ADDRESS _____
PHONE _____ PHONE _____
PARCEL ID# _____ LAND RECORDS BOOK _____ PAGE _____ PARCEL SIZE _____

PRESENT USE _____ PROPOSED USE _____
PROPOSED STRUCTURE: ____ New Building ____ Addition ____ Other PLEASE DESCRIBE _____
LENGTH _____ WIDTH _____ HEIGHT _____
ROAD FRONTAGE _____ SETBACKS: FRONT _____ REAR _____ LEFT _____ RIGHT _____

EXISTING EASEMENTS: YES ___ NO ___ NON CONFORMING USES/VARIANCES YES ___ NO ___
IS THERE A FLOOD PLAIN? YES ___ NO ___ WETLAND, STREAM, OR POND? YES ___ NO ___
If YES, please describe: _____

ADJOINING PROPERTY OWNERS _____

PERMITS RELATING TO THIS PROJECT:

VT Dept of Environmental Conservation WASTEWATER & WATER SUPPLY PERMIT: NA ___ SUBMITTED ___ RECEIVED ___
ROAD ACCESS: NA ___ SUBMITTED ___ RECEIVED ___

**** The undersigned hereby requests a ZONING PERMIT for the above use, to be issued on the basis of the representations contained herein. The permit shall be voided in the event of misrepresentations. The undersigned understands that an approved permit will be binding on the property.**

**** VERMONT PERMIT SPECIALISTS are available at 111 West Street, Essex Jct, VT 05452 - 802-879-5676. The Permit Specialist will advise you about needed Vermont State Permits, and will prepare a PROJECT REVIEW SHEET.**

ALL State as well as Local Regulations MUST be followed.

**** A general plot plan MUST be submitted with a Building Permit Application, showing the location of the property lines, all buildings on the property, including the proposed work, and distances from buildings to property lines and road right of ways.**

The undersigned LANDOWNER hereby affirms that the information presented in this application is: TRUE, ACCURATE, and COMPLETE.

LANDOWNER SIGNATURE _____ PRINT NAME _____ DATE _____

APPLICANT SIGNATURE _____ PRINT NAME _____ DATE _____

PLEASE MAKE CHECKS PAYABLE TO: **TOWN OF BERKSHIRE, VERMONT** \$ _____
APPLICATION FEE

Received by ZA _____ Application Complete _____ Approved _____ Denied _____

Referred to DRB _____ Reason(s) for Denial or Referral _____

SIGNATURE OF ZONING ADMINISTRATOR **DATE ISSUED** **EFFECTIVE DATE**

SKETCH PLAN OF PROPOSED PROJECT: ***DRAWN TO SCALE AND INCLUDING DISTANCES**

