

CITY OF SOUTH BURLINGTON
Z O N I N G P E R M I T A P P L I C A T I O N

Applicant: _____	Application No: _____
[office use only]	
Applicant Mailing Address: _____	
Applicant Email: _____	Daytime phone: _____
Property Street Address: _____, VT 05403	
Property Owner: _____	Parcel Size: _____
Property Owner Mailing Address: _____	Tax Parcel ID No. _____

1. **PROPOSED project including building dimensions (describe):** _____

2. **Present USE(S) of the property:**
 Single family home on its own parcel
 Other (please state the USE per Land Development Regulations- retail, general office, multifamily residential, etc.): _____

3. **List all present structure(s) on property (describe including dimensions or square footage of each):** _____

4. **Does the project include a proposed change of USE?**
 No (the property will still be used for the same purpose)
 Yes (please state proposed changed or added USES per Land Development Regulations- retail, general office, multifamily residential, etc.): _____

5. **ESTIMATED total cost of improvements (materials and labor):** \$ _____

6. **Building footprint – i.e. size in sq.ft of main floor of house and all attached and detached structures including enclosed breezeways, garages, and sheds (describe):** Existing: _____ Proposed: _____

7. **Total square feet of other impervious surfaces on site (i.e. driveways, patios, decks)**
Existing: _____ Proposed: _____

8. **ATTACH SKETCH PLAN OR SITE PLAN (not required if project consists ONLY of interior renovations or replacement of existing roof, siding, etc. in the exact same size)**

9. **APPLICANT/OWNER CERTIFICATION**

The undersigned property owner hereby consents to submit this application and understands that if the application is approved, the Zoning Permit and any attached conditions will be binding on the property.

Property Owner Signature **PRINT NAME** **Date**

The undersigned applicant hereby affirms that the information presented in this application is true, accurate and complete.

Applicant Signature **PRINT NAME** **Date**

OFFICE USE ONLY – **ADMINISTRATIVE OFFICER ACTION** – OFFICE USE ONLY

DATE Received: _____ FEE Received: \$ _____ Identification of zoning district: _____

Identification of proposed use: _____

PROPOSED USE TYPE: _____ Permitted _____ Conditional

Date of **SITE PLAN** approval/denial _____
Approval Date **Denial Date**

Date of **SUBDIVISION** approval/ denial _____
Approval Date **Denial Date**

Date of **CONDITIONAL USE** approval/ denial _____
Approval Date **Denial Date**

Date of appeal **VARIANCE** approval/ denial _____
Approval Date **Denial Date**

Date of **MISCELLANEOUS** approval/ denial _____
Approval Date **Denial Date**

Provided applicant copy of URBECE or VCBE Standards Handbook or Not Applicable

FINAL ADMINISTRATIVE OFFICER ACTION
Z O N I N G P E R M I T

APPROVED _____

Approval Date **Administrative Officer's Signature**

Permit EFFECTIVE date _____ Permit EXPIRATION date _____

DENIED _____ **REASON for DENIAL** _____

Denial Date

Administrative Officer's Signature

Notice of Appeal Rights: Any interested person may appeal this decision by filing a written Notice of Appeal with the clerk of the Development Review Board within fifteen [15] days of the date of this decision. The notice of appeal must be accompanied by a filing fee of \$223.00.

This permit does NOT authorize commencement of any development activity approved by the permit until the permit takes effect as set forth above. Site modifications and improvements made prior to this permit becoming effective may be subject to removal and site restoration if a timely appeal is commenced.

NOTE: The applicant or permittee retains the obligation to identify, apply for, and obtain relevant state permits for this project. Call (802) 879-5676 to speak with the regional Permit Specialist.