

Town of Randolph

ZONING PERMIT APPLICATION (non-residential)

Permit Number

Z24-

Parcel ID .

Est. cost of proj. \$

App. fee \$

Property Owner _____

Contact Person (if owner is a corp., etc.) _____

Mailing Address _____

Applicant (if not owner) _____

Mailing Address _____

Preferred daytime contact: phone _____ email _____

Street Address of Property _____ **Lot Size:** _____

Existing use(s) of the property _____ **Business Name (if applicable)** _____

1. _____

2. _____

3. _____

Proposed use(s) of the property _____ **Business Name (if applicable)** _____

A. _____

B. _____

C. _____

Proposed uses: are in addition to existing uses replace existing uses (circle) #1 #2 #3

The proposed work involves

(check ALL that apply):

- New structure
- Alteration/renovation
- Addition/enlargement
- Demolition/removal
- Farm structure
- None of the above

Brief description of proposed work:

Water is: private (well/spring) public system **Wastewater is:** on-site (septic) public system

Applicant requests: local Act 250 review variance waiver (see § _____)

preliminary review final review other _____

FINAL ACTION OF THE ADMINISTRATIVE OFFICER

APPROVED **DENIED*** **NO PERMIT REQUIRED** (exempt / ag. practice / other*)

*

- - **2 4**

moma

OVER

CERTIFICATIONS OF APPLICANT and/or PROPERTY OWNER

Z24-

PROPERTY OWNER: The undersigned hereby certifies that he or she is the property owner or an authorized representative of the property owner of the property that is the subject of this application, that the information for this application is true and accurate, consents to its submission, and understands that if the application is approved, the zoning permit and any attached conditions will be binding on the property. Further, the undersigned authorizes the Applicant named on this application, if any, as an agent to act on his or her behalf during the local permitting process and also authorizes the Administrative Officer access, at reasonable times, to the property covered by the permit issued under this application, for the purposes of ascertaining compliance with said permit.

Property Owner's signature

Date

APPLICANT (if not property owner): The undersigned applicant hereby certifies that ALL the information submitted for this application is true and accurate.

Applicant's signature

Date

DETERMINATIONS AND INITIAL ACTION OF THE ADMINISTRATIVE OFFICER (see right of appeal below)

See separate "Initial Actions" form Zoning District(s): _____

Use category (see §206) and classification (see §207)

- A. _____
- B. _____
- C. _____

Application qualifies for administrative review (see §508)

Application is **REFERRED** to the following:

DRB for the following review(s), as determined by the Admin. Officer: _____

DRB for the following review(s), as requested by the applicant: _____

DRAC / RCDRP for design review.

Vermont ANR for floodplain review and comments.

____ - ____ - **2 4**

Use classifications

P = permitted

S = site plan

C = conditional use

E = existing

P/S = (see §207)

X = prohibited

RIGHT OF APPEAL OF ADMINISTRATIVE OFFICER'S ACTIONS

An applicant and/or interested person (as defined in 24 VSA §4464) may appeal this decision to the Development Review Board (DRB) within 15 days of the date of the decision, for a fee of \$150 and notice in writing, mailed or delivered to the Clerk of the DRB, giving the reasons for the appeal. Failure to appeal this decision may prevent any party from arguing against its elements in a future hearing or appeal. 24 VSA §4472.

OFFICE USE ONLY

CC *moma*

Date app. rec'd ____ - ____ - **2 4**

Paid \$ ____ - ____ - **2 4**

Permit Issued ____ - ____ - **2 4**

Cert. of Comp. Issued ____ - ____ - ____

RANDOLPH ZONING DEPARTMENT CONTACT INFORMATION

Randolph Zoning Administrator

Randolph Town Hall
7 Summer Street
PO Drawer B
Randolph, VT 05060

email: zoning@randolphvt.org
phone: **802.728.5433 x13**
web: www.randolphvt.org
fax: 802.728.5818

Please call with any questions you may have regarding the application and process.