

Fee paid \$ \_\_\_\_\_  
Recording fee \$ \_\_\_\_\_

**TOWN OF CHARLOTTE**  
**P.O. Box 119, Charlotte, VT 05445**  
Phone: 802-425-3533 Fax: 802-425-4241  
**ZONING PERMIT APPLICATION**

Application # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner(s) \_\_\_\_\_ Phone (h) \_\_\_\_\_  
Phone (w) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Applicant \_\_\_\_\_ Phone (h) \_\_\_\_\_  
Phone (w) \_\_\_\_\_

Address \_\_\_\_\_

*Note: An applicant who is acting as agent for the owner must submit a letter of authorization from the owner.*

Property address \_\_\_\_\_

Email \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Zoning district \_\_\_\_\_ Acres \_\_\_\_\_

Any conditions (subdivision, site plan, covenant, or conditional use approval) that apply to this property? Yes \_\_\_ No \_\_\_

Summarize those conditions: \_\_\_\_\_

Describe below the improvements to be made and their intended use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a list of attachments with sheet title, description and dates, continue on reverse side if more than three:

Attachments # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ dated \_\_\_\_/\_\_\_\_/\_\_\_\_

No. of sq. ft. added to bldg. footprint \_\_\_\_\_ No. of sq. ft. of heated/usable space added within bldg. footprint \_\_\_\_\_

No. of bedrooms \_\_\_\_\_ baths \_\_\_\_\_ before construction. No. of bedrooms \_\_\_\_\_ baths \_\_\_\_\_ after construction.

If a wastewater system is being designed or modified, provide:

Name of design firm: \_\_\_\_\_ Permit # (if issued) \_\_\_\_\_

\*Attach to this sheet **1) site or plot plan, 2) floor plan, 3) elevation drawings**, drawn to scale, with North →, showing:

- |  |   |
|--|---|
| <input type="checkbox"/> Road frontage and rear width and side lines             | <input type="checkbox"/> Building dimensions, including heights     |
| <input type="checkbox"/> All existing and proposed building footprints           | <input type="checkbox"/> Utilities, easements, and right-of-ways    |
| <input type="checkbox"/> Building envelope, when applicable                      | <input type="checkbox"/> Water well(s) and septic system(s)         |
| <input type="checkbox"/> Setback distances to front, rear, & side property lines | <input type="checkbox"/> Bodies of water, including unnamed streams |

**\*Plan size submissions to be 8 ½ X 11 or 11 X 17 (preferred)**

***This permit is subject to appeal of the Zoning Administrator's decision by an interested party within fifteen (15) days of the date of issue and shall NOT become effective UNTIL the appeal period has expired or, if appealed, until final adjudication of said appeal.***

I/we will adhere to the zoning and sewage regulations of the Town of Charlotte. I/we agree *not* to use these improvements until a *certificate of occupancy* has been issued. A building energy standards form may be required. I/we agree to allow Town officials access to the property to verify compliance with the terms and conditions of this permit, upon reasonable notice.

I/we acknowledge that my/our project may require other State permits. I/we agree to contact the Agency of Natural Resources Department of Environmental Conservation Essex Regional Office at 802-879-5656 to learn more.

Signature(s) of applicants \_\_\_\_\_ Date \_\_\_\_\_

Application Type
<input type="checkbox"/> Basic
<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Variance
<input type="checkbox"/> Site Plan
<input type="checkbox"/> Subdivision
<input type="checkbox"/> Subdivision Amendment
<input type="checkbox"/> Boundary Adjustment
FOR OFFICE USE ONLY