

 TOWN OF NORWICH - ZONING PERMIT APPLICATION		Permit # <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Parcel ID # <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">\$</div> <div style="border: 1px solid black; flex-grow: 1; margin-left: 5px;"></div> </div> <div style="text-align: center; font-size: small;">Est. cost of project</div>
Application Fee \$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>		
Applicant name(s) <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
Mailing address <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
Preferred daytime contact		<input type="checkbox"/> phone <input type="checkbox"/> email
Street address of property		Lot size <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
Property Owner (Only if not Applicant)		<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Mailing address		<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
DESCRIPTION OF PROPOSED WORK		
Present use(s) of property	Single Family	Other (describe)
Proposed use(s) of property		
The proposed work involves (check ALL that apply):		Description of proposed work (incl. dimensions if site plan approval is NOT required) : <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
New structure <input type="checkbox"/>		
Alteration/renovation <input type="checkbox"/>		
Addition/enlargement <input type="checkbox"/>		
Demolition/removal <input type="checkbox"/>		
Farm Structure <input type="checkbox"/>		
None of the above <input type="checkbox"/>		
Estimated Completion Date:		
Will the new or renovated structure/addition be heated or cooled? yes <input type="checkbox"/> no <input type="checkbox"/>		
Closest distance between new structure/addition and the following property lines (as shown on sketch): Front (center line of road) : _____ft Rear: _____ft Side A: _____ft Side B: _____ft.		
Applicant requests: waiver <input type="checkbox"/> Attach waiver request citing specific relief being requested		
Zoning District(s): _____ Overlay District(s): _____		
INITIAL ACTIONS OF THE ADMINISTRATIVE OFFICER		
Application is REFERRED to the DRB for the following reviews:		
<input type="checkbox"/> Conditional use <input type="checkbox"/> Site plan <input type="checkbox"/> Development envelope <input type="checkbox"/> Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Flood Hazard		
FINAL ACTION OF THE ADMINISTRATIVE OFFICER See Rights of Appeal Section below:		
Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Appeal By: _____ Effective: _____		

WATER AND WASTEWATER INFORMATION(to be completed even if no changes are proposed)			
Water is:	<input type="checkbox"/> private (well/spring)	<input type="checkbox"/> public system	Total number of bedrooms: existing _____ proposed _____
Sewer is:	<input type="checkbox"/> on-site (septic)	<input type="checkbox"/>	
Will the new accessory structure have plumbing?		<input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
For existing septic systems only:		Year of installation:	
Prop. owner when installed: <input type="checkbox"/> Applicant <input type="checkbox"/> Have no idea <input type="checkbox"/> Probably was _____			
CERTIFICATIONS OF APPLICANT AND/OR PROPERTY OWNER			
<p>PROPERTY OWNER: The undersigned property owner hereby certifies that the information on 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 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.</p>			
_____ Property Owner's signature		_____ Date	
<p>APPLICANT (if not property owner): The undersigned applicant hereby certifies that ALL the information submitted on and with this application is true and accurate.</p>			
_____ Applicant's signature		_____ Date	
RIGHTS OF APPEAL			
<p>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). If the appeal is decided in favor of the appellant, either in whole or in part, the fee is refunded.</p>			
OFFICE USE ONLY			
<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - 2 5 Received	<input type="checkbox"/> \$ <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - 2 5 Fee <input type="checkbox"/> paid	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - 2 5 Application deemed complete	
<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - 2 5 Permit posted	ECC req'd? <input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> Certificate of Compliance
ADDITIONAL COMMENTS (by Administrative Officer)			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
ZONING DEPARTMENT CONTACT INFORMATION			
Zoning & Planning Office Tracy Hall, 3 rd Floor 300 Main Street PO BOX 376 Norwich, VT 05055		<div style="text-align: center;">(802) 649-1419 Ext.4 planner@norwich.vt.us</div> <div style="margin-top: 20px;"> <p style="text-align: center;">Please note</p> <p>If you are unsure of what application to use please call the Zoning Administrator.</p> <p>Fill this form out electronically to print. You may email it, but you will need to also drop off a check.</p> </div>	

SAMPLE SKETCH		Provide a sketch that shows the following:	-
Main street	<div>76'</div> <div>23'</div> <div>over</div> <div>100'</div> <div>Prop. gar. 24' x 14'</div> <div>House 24' x 35'</div> <div>well</div> <div>septic</div> <div>62'</div>	<div>1. Location and dimensions of existing and proposed structures.</div> <div>2. Distance between such structures and the property lines, center of roadways and rivers/streams.</div> <div>3. Location of driveways and parking areas.</div> <div>4. Location of well and septic system (incl. replacement area, if any) AND/OR water and sewer service lines.</div>	
	Carpenter Street		<div>see below</div> <div>see attached (# pages)</div>