

BAKERSFIELD, VERMONT BUILDING PERMIT

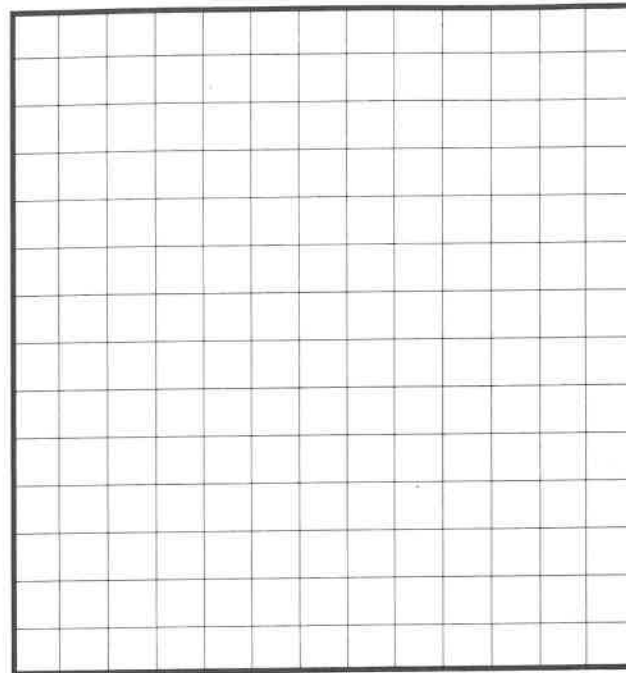
This application, if approved, must be posted for 15 days allowing for an appeal by any interested party before a permit can be issued. Permits shall be effective for 24 months. ALL QUESTIONS MUST BE ANSWERED.

PERMIT NO. _____

NOTES: Any new structure which generates sewage or any substantial change in an existing sewage disposal unit requires a Sewage Design of wastewater disposal by a certified engineer.

Sketch lot and building proposed. Show any buildings existing. Please show dimensions of lot and the distance between such structures to property lines and road frontage. Show any driveways or parking areas.

1. OWNER _____ ADDRESS _____
TEL. NO. _____
2. APPLICANT _____ ADDRESS _____
TEL. NO. _____
3. BUILDER _____ ADDRESS _____
TEL. NO. _____
4. SEPTIC ENGINEER _____ ADDRESS _____
TEL. NO. _____
5. Please indicate what zone (from Town map) your property is located:
Low density residential _____ High density residential _____
Village _____ Rural _____ Conservation _____ Flood Hazard _____
6. Please give a legal description of property location.
A. Book _____ Page _____ of Land Records. Parcel ID _____
B. Lot size _____ acres, square feet.
Neighbors: N _____ S _____ E _____ W _____
C. Frontage: The boundary of a lot on highway or approved access _____ Ft.
Please indicate on sketch.
D. Setback: (Setback is distance of nearest part of building to middle of highway right of way) _____ Ft. Please indicate on sketch.
E. Yard: Yard is distance from building to all lot boundaries.
Right _____ Ft. Left _____ Ft. Rear _____ Ft.
Please indicate on sketch.
7. PROPOSED USE: (What is permit application for): _____
8. A Driveway Access Application must be signed, approved and inspected.
Number of Stories _____ Basement _____
Size of Structure Height _____ Width _____ Depth _____
1st floor _____ Sq. Ft. 2nd. Floor _____ Sq. Ft.
Basement _____ Sq. Ft. Special Conditions _____
Occupancy Load _____ Estimated Value _____
Commercial Only _____ Parking Spaces if required.



Physical address (911) _____

FOR COMPLETION BY ZONING ADMINISTRATOR:

Date of Receipt _____ Fee Paid _____
Zoning District _____
Type of Use _____

ACTION BY ZONING ADMINISTRATOR:

1. Approved: _____ This approval shall not become effective until _____
2. Denied Pending Conditional Use approval _____
3. Denied: _____

Expiration Date: _____

Signature of Zoning Administrator

Any decision of the Zoning Administrator may be appealed to the Zoning Board of Adjustment by filing a written notice of appeal within 15 days of the date of the Zoning Administrator's decision.

CERTIFICATION OF APPLICANT:
The undersigned applicant hereby certifies that all information submitted on this application is true and accurate and that the information provided is complete.

Date: _____ Signature: _____

PROPERTY OWNER'S AUTHORIZATION:
The undersigned property owner hereby certifies that the information submitted in this application regarding the property is true, accurate and complete and that the Applicant has full authority to request approval for the proposed use of property and any proposed structures.

Date: _____ Signature: _____

PERMIT FEE _____ Date of Receipt: _____

MATERIAL FILED WITH APPLICATION

- Plans and Specs _____ sets
 Septic Design _____ sets
 Road Access Permit _____ yes _____ no
 Certificate of Occupancy _____ yes _____ no