

TOWN OF MILTON, VT | ZONING PERMIT APPLICATION

If you have any questions, call (802)893-6655 or visit us in the Milton Municipal Complex at 43 Bombardier Road, Milton, VT 05468.

FILING INFORMATION (STAFF USE ONLY)

Zoning Permit # _____ - _____
Filing Date _____ / _____ / _____
Expedited Review Due _____ / _____ / _____

PROPERTY INFORMATION

Street Address/Unit: _____
Parcel ID: _____ . _____
School Parcel Account # 396 - 123 - _____
Deed: Volume no. _____ / Page no. _____
Zoning District: _____ Lot Size (acres): _____
Road Frontage (feet): _____
Existing Principal Use Definition (e.g. "single family dwelling") _____

LANDOWNER

Name(s) _____
Name(s) _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone _____
Email _____

LAND DEVELOPMENT (PROJECT) INFORMATION

Proposed Principal Use Definition (if changing): _____ Approximate Value of Development: \$ _____
Total New Finished Floor Area (sq. ft.): _____ Maximum Height (ft.): _____
Total New Unfinished Floor Area (sq. ft.): _____ Number of Stories: _____
Is this project in a Tax Increment Financing (TIF) District? _____ Yes No
If yes, check which district: North/South or Town Core, and list how many jobs will this project create _____.
Description of Land Development (briefly describe the project with dimensions): _____

ADDITIONAL PERMITTING (please answer to determine if additional permitting/action is required for your project)

- Has this project undergone prerequisite development review? _____ Yes No
If yes, provide the case description(s) & approval date(s): _____ *Your project will be subject to all conditions of the approval.
- Does the project involve work within a Town or State right of way? _____ Yes No
If yes, please provide permit # and approval date(s): _____ **You must obtain Highway Access permit approval from the Department of Public Works at (802) 893-6030 and/or Vermont Agency of Transportation at (802) 279-1152 prior to receiving an approved zoning permit.**
- Does the project involve connecting to municipal water or sewer? _____ Yes No
If yes, please provide permit # and approval date(s): _____ **You must obtain approval from Public Works and/or the State Water/Wastewater Division prior to construction.**
- Does the project involve a change of the number of bedrooms or a change of use? _____ Yes No
If yes, contact the State Water/Wastewater Division at (802) 879-5656 and provide permit # or determination with this application.
- Is your project subject to the Residential/Commercial Building Energy Standards? _____ Yes No
If yes, you must record a Vermont Residential/Commercial Energy Standards (RBES or CBES) Certificate in the Land Records prior to receiving your Certificate of Compliance/Occupancy. Contact Energy Code Assistance Center at (855) 887-0673 or online at http://publicservice.vermont.gov/topics/energy_efficiency/rbes to determine if you need to follow these standards.
- Does your project involve any demolition and/or renovation? _____ Yes No
If yes, you must contact the Lead and Asbestos Regulatory Program at (800) 439-8550 prior to demol/renovation.
- Does your project involve any disturbance of soil? _____ Yes No
If yes, you must follow requirements of **Section 3009 Erosion Control** and **Section 3010 Stormwater Management** of the UDR Bylaws. For further guidance, see the VT ANR's **Low Risk Site Handbook for Erosion Prevention and Sediment Control**.
- Does your project involve the installation of a new manufactured home? _____ Yes No
If yes, you must provide a copy of the **HUD Form 309** with the Certificate of Compliance/Occupancy Application.

PERMIT USE CATEGORY (check box that applies)

- Residential
 Non-Residential
 Mixed-Use (both)

PERMIT TYPE (check all boxes that apply)

- New Principal Building or Unit (ex. "single-family dwelling")
 New Accessory Structure (ex. shed)
 Alteration to Existing Structure (ex. new room addition)
 Change of Use (ex. "personal service" to "restaurant")
 Demolition/Removal (ex. demolition & removal of pool)
 Sign (one-sided square footage equals _____ s.f.)
 Amendment to Prior Permit # _____ - _____
 Renewal of Prior Permit # _____ - _____
 Other (ex. lot line adjustment)

APPLICANT

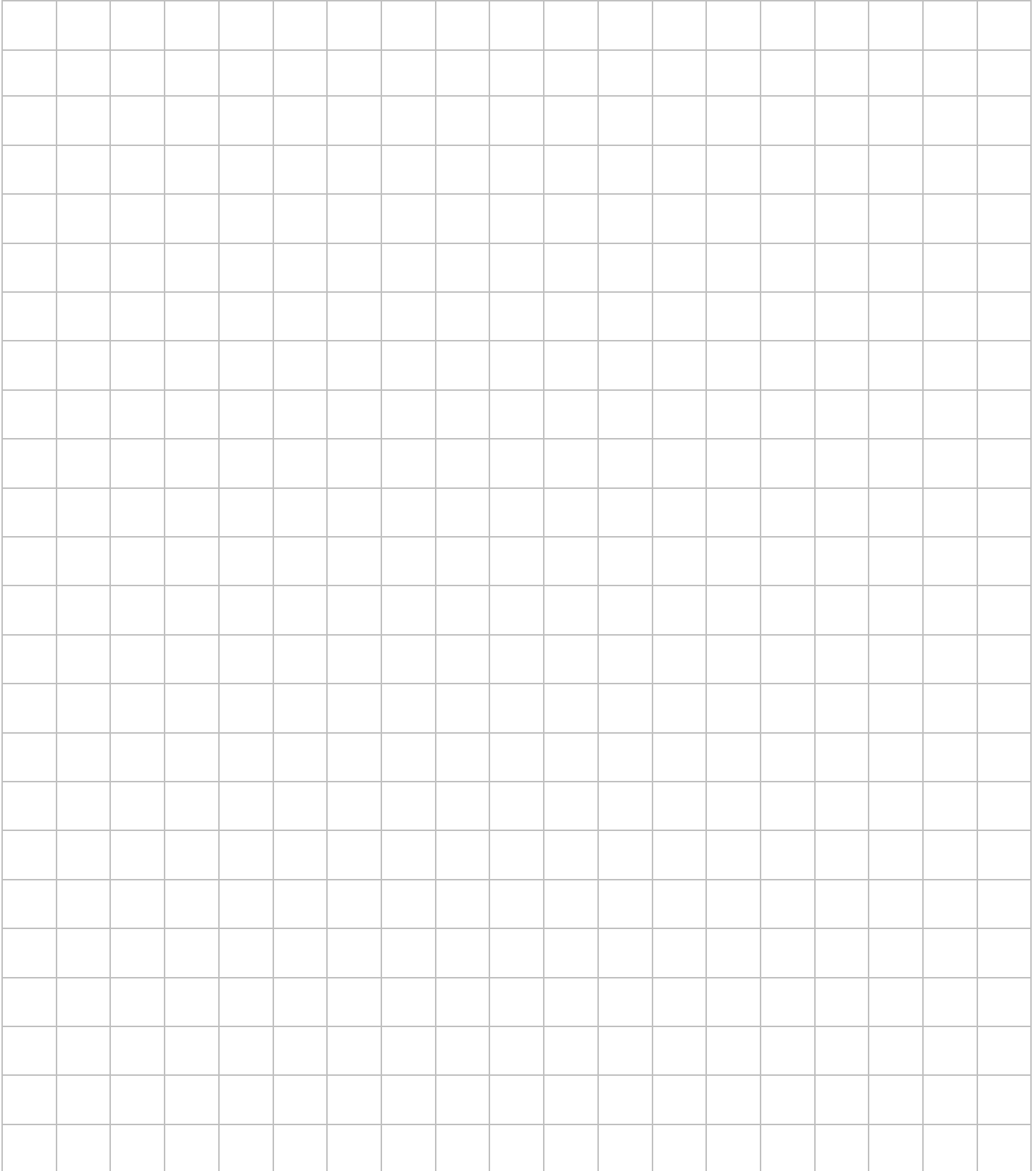
check box if same as landowner

Name(s) _____
Name(s) _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone _____
Email _____

Zoning Permit # _____ - _____

SITE DRAWING OF THE PROPERTY

Draw an aerial view of the property described above showing the actual shape, property lines, dimensions of land; shape, size and location of all existing and proposed structures (principal and accessory) on the property with measurements to the front, side and rear property boundary lines (setbacks) and distances between each structure; the existing and intended uses and areas of use of the land and all buildings, and location of septic/sewer and water utilities. Label unit numbers if applicable. If this application includes a SIGN, also draw a side elevation of the sign with content. If this application is for a project that has undergone DEVELOPMENT REVIEW approval, write "see final plans of record" or attach a copy of the plans of record deemed final by staff.



LANDOWNER & APPLICANT ACKNOWLEDGEMENTS

By signing this form, the landowner(s) and applicant(s) described in this application hereby apply for a permit to develop the project described in this application and accept the following:

- Applications shall not be considered properly filed and vested for rights to review under a set of regulations until fees are paid in full and all items necessary to determine compliance with this bylaw are complete and submitted, this includes any Department of Public Works permits (ie Highway Access and Water/Wastewater Connection permits;
- Vermont law allows the Zoning Administrator **30 days to act** on this application, however, an expedited review within 5 business days may be provided with a surcharge of \$75. Please confirm if you'd like expedited review and pay the additional fee. Yes No ;
- All submissions are public record available for inspection and copy; all representations made in this application and the materials accompanying it are true, accurate and binding to the best of my knowledge; omission or misstatement of any material fact on this application (which would warrant refusing the permit or approval) shall be grounds for revoking the permit or approval;
- Private agreements (such as covenants, deed restrictions and easements) may apply, may be more or less restrictive than Milton's bylaws and may affect this project; it is my responsibility to disclose and comply with these agreements;
- State and federal regulations may apply, may be more or less restrictive than Milton's bylaws, and may affect this project; it is my responsibility to obtain all required state and federal permits; (Call the State's permit specialist at **802-477-2241** with any questions);
- No development or work may commence until receipt of all applicable permits and approvals; and
- If this application is approved, I must post notice on the property for the **15-day appeal period** before work begins.

Owner Signature _____
Date ____/____/____

Applicant Signature _____
Date ____/____/____

ADDITIONAL PERMITS/APPROVALS APPLICABLE TO THE PROJECT (STAFF USE ONLY)

- | | |
|---|--|
| <input type="checkbox"/> Town Highway Access Permit #
Approval Date ____/____/____ | <input type="checkbox"/> State Water/Wastewater Permit #
Approval Date ____/____/____ |
| <input type="checkbox"/> State Highway Access Permit #
Approval Date ____/____/____ | <input type="checkbox"/> Act 250 Permit #
Approval Date ____/____/____ |
| <input type="checkbox"/> Town Water/Wastewater Permit #
Approval Date ____/____/____ | <input type="checkbox"/> Other
Recording Date ____/____/____ |
| <input type="checkbox"/> Development Review Conditions: | |

ZONING ADMINISTRATOR PERMIT DECISION (STAFF USE ONLY)

- REFERRED TO THE DEVELOPMENT REVIEW BOARD
- APPROVED
This Zoning Permit takes effect on the 16th day after approval. THE APPEAL PERIOD EXPIRES: ____/____/____
This Zoning Permit expires 2 years from date of effect. THIS ZONING PERMIT EXPIRES: ____/____/____
- DENIED (This decision can be appealed to the Development Review Board per Zoning Regulation Section 1060).
Reason for denial:
Signature _____ Date ____/____/____

! IMPORTANT ! CONDITIONS OF PERMIT APPROVAL (STAFF USE ONLY)

- The applicant must apply for and receive a Certificate of Occupancy/Compliance upon completion of construction and prior to use or occupancy. All construction must be completed in accordance with this permit and the Town of Milton Zoning Regulations. If the approved project changes, the applicant must apply for and obtain an approved, zoning permit amendment.
- The applicant must satisfy all applicable DRB Conditions listed above and outlined in the Notice of Decision.
- The applicant must pay applicable Impact Fees prior to the issuance of a Certificate of Compliance/Occupancy. Fees are subject to change each July 1. The ordinance is online at <http://miltonvt.gov/DocumentCenter/View/414/Impact-Fees-PDF>.
- The applicant must post the 911 Address prior to requesting a Certificate of Compliance/Occupancy.
- Other: