

Town of Fairlee

P.O. Box 95, Fairlee, VT 05045
802-333-4158

Tax Parcel # _____

Application # _____

Application(s) Applying For:

Check all that apply and be sure to insert, attach and complete all applicable forms:

- ___ Zoning/Building Permit (Form Z-1) ___ Zoning Variance (Form VAR-1) ___ Zoning Waiver (Form W-1)
___ Conditional Use (Form CU-1) ___ Appeal of ZA Decision (Form APPL-1)
___ Subdivision Review (Form SUB-1) ___ Site Plan Review (Form S-1)

Please note: No land development may begin without a zoning permit issued by the Zoning Administrative Officer.

Owner: _____ Phone: _____

Address: _____

Applicant (if different from owner): _____ Phone: _____

Address: _____

Property Information: (Some property and abutter information can be obtained at the Town Offices.)

Is this land in the Flood Plain? _____

Zoning District: (from the ZA): _____ Lot Class (A or B from the ZA): _____

Lot Size: _____ Road Frontage: _____

Road Name: _____

Property is on: North ___ South ___ East ___ West ___ side of the road.

Deed Information: Book # _____, page _____.

Deed Restrictions (explain):

Describe present use of property:

Is property in the Vermont Land Use Program? Yes ___ No ___

List any existing zoning permits and/or land use permits:

Describe water supply system:

Describe septic system, do you have a state wastewater permit?:

Please continue on page 2 (over) ---->

For Office Use Only

Date application received: _____ Received by: _____

Zoning Administrator

Application complete? Yes ___ No ___ (explain)

Date completed application received: _____ Fee(s) paid? _____

Abutters: Please request an abutters report from the Zoning Administrator or the Listers Office. An abutters list is required for a complete application and the processing of your forms.

If Agent is assigned:

I, _____, owner of the property hereby designate _____
As my agent for the purpose of procuring the necessary local permits for the proposed work as described in this application.

Representations made by the above named agent may be accepted as though made by me personally, and I understand that I may be bound by any official decision made on the basis of such representations.

Signature of Owner: _____ Date: _____

Acceptance by Agent: _____ Date: _____

Certification of Applicant:

The undersigned 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 the property and any proposed structures. By my signature I shall allow the Zoning Administrator access to the property at reasonable times for purposes of evaluating this application and ensuring compliance with both standard and special conditions on any resulting permit.

Signature of Applicant: _____ Date: _____

PLEASE NOTE: SIGNATURES ARE REQUIRED FOR A COMPLETE APPLICATION.