



3045 Theodore Roosevelt Highway
 Waterbury, VT 05676
 Phone: (802) 434-3064 • Fax: (802) 434-6404
 E-Mail: zoning@townofboltonvt.com

BUILDING / ZONING PERMIT APPLICATION

Permit # _____
VARIABLE FEES (SEE SCHEDULE)

Type of Permit (check all that apply)

New Structure
 Addition / Remodel
 Change of Use
 Signage

Applicant Information

	Owner(s) of Record (as shown on deed)	Applicant(s) (if not owner)	Other Contact
Name(s) (all)			
Mailing Address			
Phone / Fax #’s			

Project Information

Location: _____ **Warranty Deed:** _____
(911 Address + Town Road / Street / Highway) (Book and Page Number – In Bolton Town Office)
Tax Parcel ID #: _____ **Zoning District(s):** _____
(Tax Maps in Bolton Town Office) (Zoning Maps in Bolton Town Office)
Total Lot Area: _____ **Road Frontage:** _____
(Deed / Calculated / Surveyed) (Measured along all roads)
Project Description: _____
(ie. Single Family Dwelling w/ Garage, 2 Story Duplex, etc.)

Project Details

	Existing	Proposed
# of Bedrooms:		
# of Bathrooms:		
Structures Number and Type		
# of Parking Spaces:		
Building/Structure Length/Width/Height	L: _____ W: _____ H: _____	L: _____ W: _____ H: _____
Total Square footage:		
# of Stories:		
Set Backs From:	Front (ROW) _____ ft. Rear _____ ft.	Front (ROW) _____ ft. Rear _____ ft.
ROW / Side(s) / Back	Side A _____ ft. Side B _____ ft.	Side A _____ ft. Side B _____ ft.
Lot Coverage (sq. ft.)²		

Comments

Additional Information

Access to this property is attained from: _____
(Town Road / Street / Highway)
Is an Access Permit or Verification of Easement required? YES NO
An Access Permit is required for new construction where a driveway is being installed.
Is Certificate of Occupancy/Completion attached? YES NO

² Total (Combined) area of building footprints, parking areas, and all other impervious surfaces.



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~~The Town of Bolton Zoning Ordinance requires a Zoning Permit for any type of construction, including but not limited to, new construction, replacement construction, additions and alterations to any buildings, any change of use of an existing structure or any signs. No construction, including site prep, may commence until all applicable permits are obtained. All information requested on this application must be completed in full and submitted to the Zoning Administrator, with the required fees and attachments. Failure to provide required information may result in your application being deemed incomplete by the Zoning Administrator.~~

Before a Zoning Permit can be issued, the following must be submitted with this application:

- A 'birds-eye-view' sketch of the planned project showing buildings/signs, setback from roads, property lines, bodies of water (including seasonal streams) and all dimensions of same.
- A copy of the Tax Map showing the location of the Lot.
- Evidence that other applicable permits and conditions required by the Town of Bolton have been obtained or met, including but not limited to Subdivision Regulations, Curb Cut Permits and Septic.

Zoning Permit Applicability:

Permits are valid for one (1) year from the date of issue with a single one (1) year extension allowed.
 Once a working permit is submitted, there is no refund of any fees regardless of the final status of the permit. If the initial request is determined to be a formality (in order to forward request to the Development Review Board) fees (except the recording fee) will be waived until the permit is approved. If final permit exceeds initial estimate, the additional fee will be required before the permit is issued.
 By State Law, the Zoning Administrator is allowed thirty (30) days to act on any permit submitted.
 It is the responsibility of the Applicant to notify the Zoning Administrator upon completion of work related to this permit and to request a Certificate of Completion.

I solemnly swear of affirm, under pains of penalty and perjury that all statements herein, and other evidence I submit in connection with this application shall be true and correct to the best of my knowledge and belief, and that I have read and followed all instructions.

Signature of Applicant(s): _____ **Date:** _____
 _____ **Date:** _____
Signature of (all) Land Owner(s): _____ **Date:** _____
 _____ **Date:** _____

Notes: _____

Administrative Use Only	Date Received: _____	Fee Paid: _____	Recording Fee Paid: _____	
	<input type="checkbox"/> Incomplete – Notified Applicant	Date: _____	<i>(Letter Attached)</i>	
	<input type="checkbox"/> Denied	Date: _____	<i>(See reverse for cause)</i>	
	<input type="checkbox"/> Referred to Development Review	Date: _____		
	<input type="checkbox"/> Complete / Approved	Date: _____		
	Permit Valid Dates: From: _____ To: _____			
	Zoning Administrator: _____		Date: _____	

Revised: 10/31/13 CD

² Total (Combined) area of building footprints, parking areas, and all other impervious surfaces.