



**CITY OF RUTLAND, VERMONT**  
**BUILDING & ZONING DEPARTMENT**  
 52 Washington Street PO Box 969 Rutland City, VT 05701  
**APPLICATION FOR PLANS, REVIEW & BUILDING PERMIT**  
**DETAILED PLANS ARE REQUIRED WITH ALL APPLICATIONS**  
 Estimated Date of Completion \_\_\_\_\_

Property Owner: \_\_\_\_\_  
 Property Location: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Name of General Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Contractor Address: \_\_\_\_\_

**PLEASE (x) THE APPROPRIATE SECTION(S) 1-3**

**1) NEW CONSTRUCTION \$50.00 base fee + \$.10/square foot of construction (check box & indicate square footage)**

<input type="checkbox"/> Addition	_____ x _____ sq. ft.	<input type="checkbox"/> Porch	_____ x _____ sq. ft.
<input type="checkbox"/> Garage	_____ x _____ sq. ft.	<input type="checkbox"/> Deck	_____ x _____ sq. ft.
<input type="checkbox"/> Shed	_____ x _____ sq. ft.	<input type="checkbox"/> Pool	_____ x _____ sq. ft.
<input type="checkbox"/> Other (explain)	_____ x _____ sq. ft.	_____ (description of project)	
<input type="checkbox"/> New Single Family	# of bedrooms _____ # of bathrooms _____		
<input type="checkbox"/> New Multi-Family	# of units _____ # of bedrooms _____ # of kitchens _____		
<input type="checkbox"/> New Commercial	_____		

**2) RENOVATION \$50 base fee + \$1.50/\$1,000 of renovation up to \$485,000. An additional \$.50/\$1,000 if in excess of \$485,000**

Cost of Renovation: \$ \_\_\_\_\_ (enter total cost of improvement)

<input type="checkbox"/> Bathroom:	_____	<input type="checkbox"/> Livingroom:	_____
<input type="checkbox"/> Bedroom:	_____	<input type="checkbox"/> Deck/Porch:	_____
<input type="checkbox"/> Kitchen:	_____		
<input type="checkbox"/> Other (describe):	_____		

**3) DEMOLITION \$50 base fee if demo only (OR) \$20 base fee if demo is part of the scope of work**

**Asbestos survey may be required. Refer to City Building Inspector 802-774- 7820 & VT Dept of Health 800-439-8550**

**Department of Public Works Section: Please refer to City Engineering Department 802-773-1800 x \*215 or \*223**  
**(For applications, please contact the Department of Public Works)**

Water & Sewer Connection/Allocation     Change of existing building OR space     NEW curb cut  
 NEW CONSTRUCTION (where water & sewer services will be provided)     DIGGING (in the street/right of way)

**The Department of Public Works will not sign off on building permits until all Applications have been approved, paid for and issued.**

By signing this form, I certify that the foregoing is true to the best of my knowledge and belief

_____ (Applicant Signature)	_____ (Date Signed)
_____ (Applicant Name Printed)	Contact Phone #: _____

Applicant Mailing Address: \_\_\_\_\_  
 (include city, state, zip code)

\*\*\*\*\* THIS SECTION IS FOR CITY OF RUTLAND USE ONLY \*\*\*\*\*

Parcel ID \_\_\_\_\_ Building Permit # \_\_\_\_\_ Zoning Permit # \_\_\_\_\_

