



City of Rutland

ZONING PERMIT APPLICATION

PO Box 969 Rutland, VT 05702 802-773-1800

Applicant _____ Phone # _____ Email _____

Mailing Address _____

Property Owner (if different) _____ Owner's phone # _____

Owner Mailing Address _____

Project location e-911 Address _____

What is the current use of the property? _____

What are you planning to do? _____

(ex. Install a shed, create an additional apartment, new type of business tenant (specify), addition to building)

Type of Work related to this permit application *(check all that apply)*

New building Change of use Addition to a building Exterior change to existing bldg Other _____

Will you need a new water or sewer connection? Yes No

Will you be creating a new driveway / need a new curb cut? Yes No

Will you be digging in the street / City Right of Way? Yes No

Will you need a Water & Sewer Allocation? Yes No

A SITE PLAN SHOWING LOCATION OF STRUCTURES (EXISTING AND PROPOSED), INCLUDING DISTANCE FROM PROPERTY LINES IS REQUIRED. SEE SAMPLE SITE PLAN FOR GUIDANCE.

FOR COMMERCIAL PROJECTS OR NEW HOUSES, ADDITIONAL DETAIL MAY BE NEEDED.

IF CHANGE OF USE WITH NO CHANGE TO THE BUILDING FOOTPRINT, INDICATE WHICH PORTION OF BUILDING WILL BE USED.

I AM AUTHORIZED TO SUBMIT THIS APPLICATION. The information contained in this application is true and complete.

Signature of Property Owner

Date

Date received	_____
Received by	_____
\$30 fee rec'd	_____

SEE REVERSE SIDE FOR PERMIT DECISION

ZONING PERMIT # _____

ZONING ADMINISTRATOR REVIEW AND INITIAL ACTION

Tax Parcel # _____ Lot Size (sq ft or acres) _____ Zoning District _____

Special Flood Hazard Area? YES NO

Design review required? YES NO

Public utilities potentially affected? YES NO

ARC review needed? YES NO If yes, date referred _____

DRB hearing needed? YES NO If yes, date referred _____

FINAL DECISION

APPROVED Basis for approval _____

DENIED Basis for denial _____

DATE OF DECISION _____ SIGNED _____
Zoning Administrator

An interested person may appeal any decision by the Zoning Administrator within 15 days of the date of such decision. This permit shall not take effect until the time of such appeal has passed.

This is a Zoning Permit only. Additional City permits for construction, signage, etc. may also be needed.

Application must obtain relevant State permits. For more info call 802-282-6488 for the Regional Permit Specialist.

Appealed? YES NO

Effective Date of Permit _____

This space reserved for City Clerk's Recording Information

Conditions of approval / Notes for the record
