

fee \$2500

TOWN OF KIRBY
ZONING PERMIT APPLICATION

Permit No. _____
Date Filed _____
Fee Paid _____
Received By _____
To Planning Commission _____
To Zoning Board _____

1. Name of Applicant: _____ Phone: _____
Address: _____
2. Name of Property Owner: _____ Phone: _____
3. Physical Address/Location of Property: _____
Tax Map ID Number: _____
4. Deed Reference: Book _____ Page(s) _____
5. Lot Size: _____ Bldg. Size _____ sq. ft. Bldg Height _____ ft.
6. Proposed Construction/Development: _____
Estimated Cost: _____
7. How is the property presently used? _____
What is the intended use of property? _____
8. Expected Start Date: _____ Expected Completion Date: _____
9. Name of Contractor: _____

The undersigned hereby agrees that the proposed work/project shall be done and the property used in accordance with the foregoing statements and site plan, and also agrees to comply with all zoning by-laws of the Town of Kirby and any other permits (State and local) issued with respect hereto.

Date: _____ Applicant's Signature: _____

Signature(s) of All Legal Property Owners (REQUIRED): _____

NOTICE

1. This permit will not be processed unless you attach an ACCURATE: (a) plot plan, drawn to scale, showing location and dimension of lot, buildings, setbacks, location of septic system, water supply, location of wetlands, parking, driveway and curb cut, names and addresses of adjoining property owners and other information required by the by-laws; and (b) sewage system design and location plan. Please refer to the by-laws, pp. 17-18, Article 401.8.9, points A1 through 7.
2. If the proposed work/project requires any State and/or additional local permits, a certificate of review and compliance cannot be issued until all permits are submitted to the administrative officer.
3. This permit will expire two years from the date of approval.

SUBMIT APPLICATION AND FEE TO THE KIRBY TOWN CLERK

DECISION OF ADMINISTRATIVE OFFICER:

Application is APPROVED APPROVED WITH CONDITIONS DISAPPROVED

Date: _____ Signature of Administrative Officer: _____

This application is NOT APPROVED for the following reason(s): _____

This application is APPROVED WITH THE FOLLOWING CONDITIONS: _____

NOTICE

An interested person may appeal the decision of the Administrative Officer by filing an appeal with the Town Clerk within 15 days of approval by the Administrative Officer. This permit is not valid until after the 15-day waiting period. (24 V.S.A. §4464, et seq.)

DECISION OF PLANNING COMMISSION ON THE SITE DEVELOPMENT PLAN

Site is hereby APPROVED/DISAPPROVED (circle one) with the following conditions or reason:

Date: _____ Signature of Chair: _____

NOTICE: You have the right to appeal in accordance with Title 24 V.S.A. §4475.

DECISION OF ZONING BOARD OF ADJUSTMENT

This application is hereby APPROVED/DISAPPROVED (circle one) under the provision of _____ subject to the condition recorded in the minutes of meeting. Conditions including the following: _____

Date: _____ Signatures of Members of Board of Adjustment: _____

NOTICE: You have the right to appeal in accordance with Title 24 V.S.A. §4471.

CERTIFICATE OF REVIEW AND COMPLIANCE

The structure(s) and/or use located at _____ is in compliance with the terms and/or conditions as required.

Date: _____ Signature of Administrative Officer: _____

