

Date Applicants signature

TOWN OF WEST RUTLAND

ZONING PERMIT APPLICATION

Name of Applicant:		
Address:		
Name of Property Owner:		
Locatable Address:		v
	Book	
Present Use of Property:		
Description of proposed project, Include str	uctures, demolitions or change of use:	
Number of stories: (Include basement)_	Building Height:	180
Total Square Footage:	Estimated Cost of Construction:	
	Type of Sewage System	0.55
Roads or waterways adjoining property:		
Is the property owner the owner of the adjoin	ning property?	
	operty:	
	Wellhead Protection area?	

	separate sheet that shows the dimensions of the prostance between such structures and property lines as proposed building when applicable.	
The undersigned applicant hereby certifies that or ovided is complete.	CERTIFICATION OF APPLICANT at all information submitted on this application is ac	ccurate and that the information
Date Applicants signature		
	PROPERTY OWNER'S AUTHORIZATION	V
The undersigned applicant hereby certifies tha provided is complete.	at all information submitted on this application is ac	

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T.L		

FOR COMPLETION BY ADMINISTRATIVE OFFICER

Date of Receipt:	Fee Paid:	
Zoning District:		
Action by Administrative Officer:		
Approved: *This approval	l shall not become effective until:	
Denied:		
Date of Administration Officer Action:		
Administrative Officer's Signature		
Permits will be void if the applicant fails to undertake the per complete the permitted development within 2 years of the da	mitted development within 6 months of the date of issue of the zoning permit or fails to	
	to the Development Review Board by filing a written notice of appeal with the clerk of the	
Any decision of the Administrative Officer may be appealed to Board within 15 days of the Administrative Officer's Decision		
*		
Permit referred to:	,	
Development Review Board:	A 25 18 18 18 18 18 18 18 18 18 18 18 18 18	
0.0 m		
The state of the s	it specialist at 802-786-5900	
to see if state permits are required	# P	
Board Action:		
Development Review Board:		

CER	TIFICATION OF OCCUPANCY OR USE	
	ition above, it must be inspected upon completion by the Administrative Officer. This pproved plans heretofore filed with the Administrative Officer and with all applicable	
· · · · · · · · · · · · · · · · · · ·	Denied Date	
	·	
Administrative Officer's signature	* · ·	
Sewer Inspection	On-Site Sewage Inspection	
Department of Labor and Industry Occupancy Approv		
	Bond Submittal	
	Meter Installation Private Water Supply Tested	
Locatable Address No,		

