

ZONING PERMIT APPLICATION

TOWN OF GUILDHALL

ZONING PERMIT APPLICATION

Date of Application: _____
Applicant: _____
Address: _____

Tel. No.: _____
Property Owner: _____
Address: _____
Tel. No. _____
Identification of proposed use: _____

Proposed use type _____

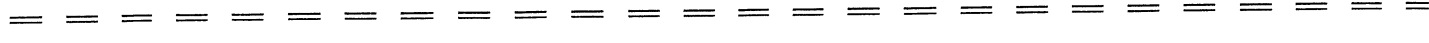
Filing Date of Application _____
With Town Clerk: _____
(Date & Signature)

Date Application received by _____
Zoning Administrator: _____
(Date & Signature)

Application No: _____
Property Location: _____
Tax Parcel ID No: _____
Parcel Size: _____
Zoning District Location: _____
Site Plan/Sketch Plan Attached ___ Yes ___ No
(Please refer to pg 4 for instructions).
Permitted _____ Conditional _____

Permit fee of \$27.00 due on submission of Permit
Recording Fee of \$10.00 due on submission of Permit
Total Fees due \$37.00 on submission of Permit

Date Fee Received: _____ Check # _____ Cash _____ Initials: _____



Present use of property (describe): _____

Structures/improvements on property: _____

Proposed use of property (describe): _____

Proposed structures/improvements (including building dimensions): _____
(Please see Page 4 for sketch plan)

Estimated cost of improvements _____

Adjoining property owned by: _____

- Property access (public road frontage, public water frontage, and approved right-of-way):
- Public road frontage Yes ___ No ___
 - Public water frontage Yes ___ No ___
 - Approved right of way Yes ___ No ___ N/A ___
 - Does project require Town Driveway permit Yes ___ No ___
 - If yes, please attach copy of permit
 - Does project require State subdivision Yes ___ No ___
 - If yes, please attach copy of subdivision permit
 - Does project require Septic/Wastewater permit Yes ___ No ___
 - If yes, please attach copy of State permit

(Additional information to address specific requirements of zoning regulations, such as:)

1. Does Project involve:

- Watercourses located on propertyYes_____ No_____
 - Slopes in excess of 10% located on propertyYes_____ No_____
 - Wetlands located on property or adjoiningYes_____ No_____
 - Flood plain/floodway located on propertyYes_____ No_____
 - Has State Flood Agency viewed property if in flood plan.....Yes_____ No_____
- If yes, please attach copy of State report

2. Compliance with performance standards. Does project involve or will it result in:

- Storage of flammable or explosive materialsYes_____ No_____
- Vibration detectable at property boundaries.....Yes_____ No_____
- Electromagnetic radiation.....Yes_____ No_____
- Storage or use of radioactive material.....Yes_____ No_____
- Noise audible at property boundaries.....Yes_____ No_____
- Odors detectable at property boundaries.....Yes_____ No_____

(Describe any items for which a YES response was provided.)

Applicant/Owner Certification

The undersigned applicant hereby affirms that the information presented in this application is true, accurate and complete.

Applicant Signature

Date

The undersigned property owner hereby consents to submission of this application and understands that if the application is approved, the zoning permit and any attached conditions will be binding on the property.

Property Owner Signature

Date

ADMINISTRATIVE OFFICER ACTION

1. Denied pending **site plan** hearing:

Admin Officer's Initials

Date

Referred to hearing committee Planning Board Chairperson:

Signature

Approval Date

Denial Date

2. Denied pending **conditional use** Hearing:

Admin Officer's Initials

Date

Referred to Zoning Administration Chairperson:

Signature

Approval Date

Denial Date

3. Denied pending **variance** hearing:

Admin Officer's Initials

Date

Referred to Zoning Board Administration Chairperson:

Signature

Approval Date

Denial Date

4. Based on Historic District Location of Property
Project requires Design Review/Control approval

Yes_____ No_____

Date of Planning Board Hearing _____

Approved: _____ Denied _____ Date: _____

Planning Board Chairperson Signature: _____

**FINAL ADMINISTRATIVE OFFICER ACTION
ZONING PERMIT**

APPROVED Date of Approval: _____

This permit shall be effective on _____ 15 day waiting period after permit is approved.

This permit shall expire on _____, if permitted use has not commenced

DENIED Date of Denial: _____ Reason for denial: _____

Administrative Officer's Signature

=====

FINAL ACTION BY ZONING BOARD of ADJUSTMENT

APPROVED Date of Approval: _____ Refer to attached decision

DENIED Date of Denial: _____ Refer to attached decision

Zoning Board of Adjustment
Chairperson's Signature

=====

Notice of Appeal Rights

Any interested person may appeal this decision by filing a written notice of appeal with the clerk of the Zoning Board of adjustment, within 15 days of the date of the decision. The notice of appeal must be accompanied by a filing fee of \$20.00 plus the cost of 2 newspaper ads for a residential appeal or \$250.00 for a commercial appeal.

Date filed with Town Clerk _____ by _____
Signature & Title

SKETCH PLAN REQUIREMENTS

The sketch plan shall be a scaled drawing of the property, which contains the following information:

1. Property boundaries with dimensions:
2. Existing structures/improvements with identification of any to be removed.
3. Proposed structures/improvements with dimensions.
4. Distance between structures and property boundaries.
5. Distance between structures and watercourses
6. Distance between structures and road

Additional information based on specific zoning bylaw requirements.

7. Watercourses - Location
8. Steep slopes - Location
9. Wetlands - Location
10. Floodway/floodplain - Location
11. Public road frontage/access - Location