

Zoning Permit Application

This is a legal document

Name of Applicant(s)/Property Owner(s): _____

Mailing Address: _____

Phone: _____ (check one) ☐ home ☐ cell ☐ work Email: _____

E911 Address/Property Location: _____

Parcel ID#: _____ Zoning District: _____ Is any part of property in Flood Hazard Area: ☐ Yes ☐ No

Lot Size: _____ Road Frontage (in feet): _____ Watermarks (in feet – if applicable): _____

Set-Backs (in feet): FRONT: _____ REAR: _____ SIDE: _____ SIDE: _____

Existing Type of Water System: _____ Existing Type of Sewage System: _____

Existing Easements & Rights-of-Way: _____

Existing Deed Covenants & Restrictions: _____

Existing Use or Occupancy: _____

Proposed Development (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Accessory Structure – Type: _____ |
| <input type="checkbox"/> Deck/Porch | <input type="checkbox"/> Replacement Structure <input type="checkbox"/> Addition |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Subdivision <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Other – Please explain: _____ | |

Proposed Building dimensions (LxWxH): _____

Proposed Setbacks (in feet): FRONT: _____ REAR: _____ SIDE: _____ SIDE: _____

Proposed Type of Water System: _____ Proposed Type of Sewage System: _____

Proposed Easements & Rights-of-Way: _____

Proposed Use or Occupancy: _____

Proposed Start Date of Construction: _____ Expected Completion Date: _____

If state permits are required for development, have they been acquired: ☐ Yes ☐ No, if no, please explain: _____

The undersigned applicant hereby requests a zoning permit for the specific use and/or type of development proposed in this application and the accompanying plot plan or subdivision plat.

The undersigned applicant acknowledges reading and understanding the Town of Norton zoning bylaws and agrees to abide by these bylaws as they pertain to the property and the scope of development identified above. The application is not complete and will not be acted upon until the applicant has fully responded to all items on this application form and furnished all required documents or information as outlined in the Town of Norton zoning bylaws.

Signature of Applicant(s)/Property Owner(s)

Date

For Use by the Zoning Administrator and Town Boards that may be required

Application #: _____ Date Received: _____ Date Application Complete: _____ Fee Paid: \$ _____

Date Approved: _____ Date Inspected: _____ Date Application Denied/Referred: _____

Reason for Denial/Referral: _____

Zoning Administrator Signature: _____

