

Town of Shrewsbury, VT APPLICATION FOR BUILDING PERMIT

No construction may start before permit is issued **Permit is subject to 15 days appeal period**

Location of Project: _____ Parcel ID # _____

Name of Owner/Applicant: _____ Tel. #: _____

Email Address: _____

Mailing Address: _____

Name of Co-Applicant: _____ Tel. #: _____

Email Address: _____

Mailing Address: _____

Description of Project (please include changes, if any, to the number of bathrooms and/or bedrooms in the structure):

Dimensions of Structure(s): _____

Setback From Centerline of Road (in feet): _____

Setback From Side Property Lines (in feet): _____

Setback From Rear Property Lines (in feet): _____

Setback From Shoreline of Any Stream, Lake, or Wetlands (in feet) : _____

Please draw a detailed sketch of your lot and the location of the proposed structure on the back of this application. Please include all dimensions and the interior layout of the structure; all lot dimensions; setbacks from the proposed structure to the side, rear, and front property lines; proposed or present location of your sewer and water; any existing structures on your lot; and a North arrow. It is understood and agreed that I will abide by the Shrewsbury Unified Zoning and Subdivision Regulations as last adopted by the Town of Shrewsbury or as hereinafter from time to time amended. This permit is voided in the event of misrepresentation or failure to undertake construction within the time period prescribed in Article III Sec. 332 and Sec. 333. I hereby certify that the above information is correct and that this parcel of land is in compliance with the Town of Shrewsbury Unified Zoning and Subdivision Regulations.

Signature of Owner/Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

The Applicant is responsible for any State Permits required.

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Administrative Use Only Zoning District of Lot: _____ Fee Received: _____

Fee Due: _____ Approved: _____ Denied: _____

Reasons for Denial: _____

Notes: _____

Signed _____ Date _____ Application No. _____

Date Received _____