



Town of Castleton

556 Main St., P.O. Box 727, Castleton, VT 05735

APPLICATION FOR ZONING PERMIT INFORMATION

Connecting all
Departments
(802) 468-5319

Manager x-201

Secretary x-212

Tax Dept x-216

Accounting x-211

Town Clerk x-214

Health Officer x-215

Listing Office x-217

Zoning x-225

Police Chief x-219

Highway Dept.
(802) 468-2459

Transfer Station
(802) 468-3005

Wastewater Dept
(802) 468-5315

Fax - All Depts.
(802) 468-5482

CONSTRUCTION: Building construction or alteration may commence and land or structures may be devoted to a new or changed use within the town only after a zoning permit has been duly issued by the Zoning Administrator and not before and shall not take effect until the expiration of a 15 day appeal period.

(a) APPLICATION: The application for a zoning permit must be complete in all respects, including sewer/septic and driveway cut, if applicable, (otherwise it will be returned to you for completion) and must be accompanied by **four (4)** copies of permit pages and shall show the dimensions of the lot, location of the building and accessory buildings to be erected, a surveyor's plot of the property, (if available) and such other information as maybe necessary to determine compliance with this regulation.

(b) FLOOD HAZARD: An application for a permit for land development in a flood hazard area shall contain a notation that the land development for which the permit is sought is located in a regulated flood hazard area.

FEE(s): See attached Fee schedule.

ISSUANCE OF PERMIT: The Zoning Administrator shall only issue the zoning permit if the fee is paid and the application and sketch plan have been properly completed, and other requirements of the zoning regulations complied with. The Zoning Administrator will notify you in writing of his/her decision to either grant your application for a zoning permit or to deny it. In the event of a denial, the reason for such denial shall be specifically set forth. The Zoning Administrator shall send any notice to you to the address contained on the application.

APPEALS: In the event you feel aggrieved by any decision of the Zoning Administrator, you may file an appeal with the Development Review Board by notifying the Secretary of the Development Review Board of your election to make an appeal. The Notice of Appeal must be filed with the Secretary of the Development Review Board within 15 days of the date of such decision or action of the Zoning Administrator. You must also file a copy of the Notice of Appeal with the Zoning Administrator.

APPEALS TO THE ENVIRONMENTAL COURT: An appeal from a final decision in a regulatory proceeding in which the final hearing before the appropriate municipal panel was held on or after July 1, 2004, shall be taken by filing with the clerk of the Environmental Court a notice of appeal, with fees, by certified mail or other means within the time provided in Rule 4 of the Rules of Appellate Procedure. The appellant shall at the same time mail a copy of the notice of appeal to the clerk or other officer of the appropriate municipal panel.

Town of Castleton
ZONING PERMIT APPLICATION
FEES SCHEDULE

NEW CONSTRUCTION – Complete the following:

Page 1 -

- A- Name, Address, Phone, Etc.
- B- Current Use & Description of Construction
- C- Signature of Owner(s), or Authorized Agent (if applicable)

Page 3 –

Draw as accurately as possible a depiction of construction footprint and height view, include setbacks on all sides (N, S, E & W) and indicate the road, street, etc. structure is facing.

Complete Sewage Disposal-Water and Highway/Driveway Cut Forms

Complete all that apply, obtain the appropriate Department Signatures as required. (Applicable fees required - see **FEES** below)

ADDITIONS/ALTERATIONS, etc.

Page 1 - Complete the following Sections

- A- Name, Address, Phone, Etc.
- B- Current Use & Description of construction
- C- Signature of Owner, or Authorized Agent (if applicable)

Complete Page 3 – Same as above for Page 3

FEES:

***Application** - \$35.00 plus \$0.10 per square foot of development.

Referrals & Appeals - Zoning Admin Decision - \$300.00; Conditional Use - \$400.00;
Variance - \$400.00

Septic Permit - \$50.00 (site plans must be attached)

Driveway Cut - \$5.00

Municipal Sewer Allocation- \$750.00 (plans must be attached)

***Recording Fee** - \$10.00 (recording of permit into the Castleton Land Records)

(*Application & Recording fees must be included at the time of submission of permit)

OVER

Page 2 – Zoning Permit Application Fee Schedule

SUBDIVISION: (Major, Minor or Simple Parceling)

Page 1 - Complete the following:

- A- Name, Address, Phone, Etc.
- B- Current Use & number and size of lots
- C- Signature of Owner, or Authorized Agent Form (if applicable)

In lieu of page 3 – Submission of the appropriate documents per the Subdivision Regulations.

FEES:

Application	\$ 35.00
Recording Fee	\$ 10.00
Major/Minor/Simple Parceling	\$150.00 per lot
Mobile Home Park	\$100.00 per home lot
Recording Fee for Mylar (all sizes)	\$ 15.00

NOTE:

In all cases above, please see the Zoning Administrator to verify the completeness for each section.

Where appropriate, all fees and department approval signatures must be obtained prior to finalizing by Zoning Administrator.

**You may purchase copies of the Zoning Ordinance @\$10.00, Town Plan @ \$10.00 and/or Subdivision Regulations @ \$5.00 at the Town Manager's or Zoning Offices.

Castleton's Zoning Ordinance may be viewed on our website: castletonvt.com

PERMIT # _____
APPEAL # _____

Town of Castleton

556 Main St., P.O. Box 727, Castleton, VT 05735

ZONING PERMIT APPLICATION

PLEASE PRINT CLEARLY

A Applicant/Property Owner(s) _____
Mailing Address _____
Property Location _____ Phone (H) _____ (W) _____
Tax Map # _____ Block # _____ Lot # _____

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B ZONING PERMIT REQUEST:

Current Use of Property: _____

Proposed Use of Property: _____

Check all that apply: New Structure ___; Addition ___; Alteration ___

Describe Structural Change(s): _____

Lot Size: _____ Town Highway Name: _____

Setbacks: Structure to Road/ROW _____ ft; To Center of Road _____ ft;

Rear Property Line _____ ft; Parking Spaces _____ ft (if applicable)

Facing Structure (from street/road): Left side line _____ ft; Right side line _____ ft

Dimensions of Proposed Building: Length _____ ft; Width _____ ft; Height _____ ft;

****TOTAL (outside footprint) area of all structures on property _____ sq. ft****

Check One: Full Cellar ___; Crawl ___; Slab ___; Partial Cellar ___; Piers ___

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C I understand that this permit will be issued on the basis of the representations herein. I understand that I must abide by all state and local laws and ordinances and that this permit does not constitute any form of state permit. I understand that this permit is void if its issuance is based on my misrepresentations or those of my agents, or if construction does not commence within 12 months of date of issue or completion of construction within 2 years permit becomes null & void.

I understand that approval of any part of this permit does not constitute any warranty of any kind and I waive any and all claims against the town and/or its agents arising out of contract or tort.

Signature of Owner(s)/Agent _____ Date _____

PERMIT # _____
APPEAL # _____

FOR OFFICE USE ONLY:

Total Fee Paid: \$ _____ (Permit \$ _____ // Appeal \$ _____ // Recording \$ _____)
Receipt # _____ Date ____/____/____/ Zoning District _____

Renewal only: Previous Permit # _____ Fee _____ Receipt # _____

Zoning Administrator Action:

**Approved _____ Denied _____ - Reason for Denial _____

Zoning Administrator
Signature: _____ Date _____

Appeal to Development Review Board:

Date _____ Reason: _____

*****DRB ACTION:**

Approved _____ Denied _____ Attached Conditions _____ Date _____

COPIES TO: _____ File (2) _____ Lister's Office _____ Applicant

* Please make check(s) payable to **Town of Castleton**

** Permit becomes effective 15 days **after** Zoning Administrator approval.

***Permit becomes effective immediately after Development Review Board issues the Findings.

Per Section 1102A of the Town of Castleton Zoning Ordinance – Issuance of State & Local wastewater & water permits has been completed.

Health Officer

Date

Parcel # _____

Permit # _____ Appeal # _____

Name (print) _____

Signature _____

AMERICAN