

**City of Essex Junction, VT
Zoning Permit Application**

For Office Use:

Permit #

Property description (address) for application _____

General information

Applicant _____ Day Phone _____

Address _____

Email Address _____

Owner of Record (attach affidavit if not applicant)

Applicant _____ Day Phone _____

Address _____

Email Address _____

Property information

Zoning District _____ Current Use _____ Tax Map Page # _____

Lot # _____ Lot size sf _____

Street frontage (public or private) _____ feet

Proposed number of stories _____ Proposed height _____

Lot coverage (include all structures and impervious surface)

Existing (sq.ft.) _____ plus proposed (sq.ft.) _____ equals _____ total sq.ft.

Divided by _____ lot sq.ft. equals _____ percent of lot coverage

Source of size information () Deed, () Survey, () Tax Map, () Other. If other, explain: _____

Describe proposed new use(s) and or structure(s)

Dimensions or areas of proposed new structures(s) or new uses(s): _____

Estimated starting date _____ Estimated completion date _____

Attach a site plan that clearly indicates the location of the structure or use, distance to all property lines, and all other information as specified on the zoning permit application checklist or in the Land Development Code. Provide an explanation for any items not submitted.

I certify that the information on this application is true and correct. I agree to abide by all the rules and regulations as specified in the Land Development Code and any conditions placed upon approval of this application.

Applicant _____

Date _____

Land Owner (if different) _____

Date _____



Staff Action

Date received _____ Approved _____ Denied _____

Permit Valid Date _____

Explain (if denied) _____

Other approvals/conditions (note type/attach other signed approvals): _____

Staff Signature

Date

Fee Amount:

Fee Verified:

