

Town of POULTNEY VT (2026) ZONING APPLICATION# _____

Please "X" All Applicable Questions:

Construction____ **Conditional or Change of Uses**____ **Subdivision/Line Adjust.**____ **Appeal ZA Decision**____

APPLICANT (If not Owner) _____ Phone: _____

Postal Address _____ Email _____

PROPERTY OWNER _____ Phone: _____

Postal Address _____ Email _____

PROJECT Location/Address:

PLEASE ANSWER THE FOLLOWING IF YOU HAVE THE INFORMATION AVAILABLE: **Deed:** Bk. _____ Pg. _____

Tax Map I.D.# _____ **Parcel size (acres)** _____ **Zoning District** _____

Current Use of Property: Vacant Land 1-Family Use 2-Family Use Multi Family, # of units
Commercial Use; describe _____

Other Use; describe _____

Please identify any VT Permits of record: _____

DESCRIBE PROJECT/USE REQUESTED:

Does the Property have Any: Flood Area?____ Wetlands?____ **Road Frontage:** Public____ Private ____

A Complete Application includes this Form (signed by Owner), a Site Plan, and the zoning & recording Fees.

CERTIFICATION OF APPLICANT

The undersigned applicant hereby certifies that all information submitted on this application is accurate, that the information provided is complete, and that the Owner of Record has authorized the Applicant to represent Owner with regards to this Application.

_____ Applicant, Date _____

PROPERTY OWNER'S AUTHORIZATION (if different than Applicant)

The undersigned applicant hereby certifies that all information submitted on this application is accurate, that the information provided is complete, and any understands that any changes to Project are to be approved by the Town in advance.

_____ Owner Date _____

Application # _____

FOR COMPLETION BY ADMINISTRATIVE OFFICER

Fee Paid: Zoning & DRB/PC Recording:

Date of Receipt: _____ Application Reviewed _____ Complete__ Incomplete__

Action by Administrative Officer:

Approved: _____ *This approval Does Not Go into Effect until 15 days have passed without an Appeal. Starting a Project before the Effective Date is a Violation and subject to increased Fees and Penalties.
Denied: _____ Reason _____

Administrative Officer:: _____

Date of Administration Action: _____ Effective date of Permit (if not appealed) _____

Any decision of the Administrative Officer may be appealed by an Interested Person to the Development Review Board by filing a written notice of appeal with the clerk of the Board within 15 days of the Administrative Officer's Decision.

REFERRAL to: DRB PC Date: _____ Reason: _____

Public Hearing Schedule:

Decision & Date:

VT statute requires that the road-side Notice Poster provided with this Permit be displayed on the subject property, within clear view on the public travel lane, for a minimum of 15 days before the Permit can go into Effect. Delayed posting of the Poster can delay the Permit's Effective date.

Permits will be void if the applicant fails to start the permitted development within 24 months of the date of issue of the zoning permit or fails to complete the permitted development within 5 years (see Zoning Section 1306).

This Town Permit does Not release the Owner/ Applicant from also obtaining all other local, state or federal permits and approvals the Project requires. For Information on VT permits Research the VT PERMIT NAVIGATOR program on line and or contact the VT Community Assistance Specialist at 802 828-0141

APPEALS: