

File No. _____

Town of Rochester, Vermont
Application for Building and Zoning Permit

Permits are required for new construction, change of use, signs and renovations/additions changing the size of the building footprint or use. This application must be accompanied by a \$25.00 filing fee.

Date: _____ Fee: _____

Name (Applicant) _____ Mailing Address _____

Name (Owner, if different) _____ Mailing Address _____

Phone _____ E-Mail _____

LOT INFORMATION

Property Address _____

Zoning District _____ Tax Map No. _____ Lot No. _____

Lot Size _____ Road Frontage _____

Water System _____ (private/municipal) Sewage System _____ (Septic/town)

CONSTRUCTION PERMIT INFORMATION

Applying for: please check all that apply:

Renovation/Addition New Construction Change of Use Sign

New construction permit please check all that apply:

House Outbuilding Outbuilding with bathroom Addition Bedroom
 Bathroom Deck/porch Garage Apartment Other (describe) _____

Change of Use:

Existing Use: _____ Proposed Use: _____

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PROJECT INFORMATION

Size of proposed addition or structure: Length _____ Width _____

Height to Ridge _____

Distance to property line (feet): Front (facing road) _____ Rear _____

Left side _____ Right side _____

Please attach a sketch of your plans, including a site-plan showing location of proposed new structure/addition with distances to existing structures and property lines. Also include location of roads.

The undersigned hereby requests a permit for the above use(s) to be issued on the basis of the representations contained herein. Permit voided in the event of misrepresentations or failure to undertake significant construction within two years of the date of the approval.

Signature of Applicant: _____

THE REVIEW PERIOD OF THE APPLICATION BY THE ADMINISTRATIVE OFFICER WILL NOT BEGIN UNTIL ALL OF THE REQUIRED PERMITS HAVE BEEN APPROVED BY THE APPROPRIATE OFFICIALS.

This page to be completed by Administrative Officer

FILE NO. _____

SEPTIC

Septic Disposal Required? Yes No

Approval Date: _____ VT Permit Number: _____

ACTION OF ADMINISTRATIVE OFFICER

Driveway cut required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	approved permit	<input type="checkbox"/> yes	date _____
Town sewer/water connection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	approved permit	<input type="checkbox"/> yes	date _____
Road trenching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	approved permit	<input type="checkbox"/> yes	date _____

Permit approved: Yes No Reason for Denial: _____

Date of Decision: _____ Signed: _____
Administrative Officer

ANY INTERESTED PERSON MAY APPEAL ANY DECISION BY THE ADMINISTRATIVE OFFICER WITHIN 15 DAYS OF THE DATE OF DECISION

CONSTRUCTION APPROVED BY THIS PERMIT CANNOT BEGIN UNTIL THE EXPIRATION OF THE 15 DAY APPEAL PERIOD.