



PERMIT APPLICATION FORM COVER SHEET
6 N. Main Street, Suite 7, Barre, VT 05641

Office: (802) 476-0245

Please provide all of the information requested in this application. Failure to provide all the required information may delay the process for obtaining a permit. Submit one copy of the completed application bearing original signature(s) and cash or a check made payable to the *City of Barre*. **Please contact the State of Vermont Permit Specialist at 802-505-5367 for any required state permits.**

PHYSICAL LOCATION OF PROJECT (E911 address): _____

CONTACT INFORMATION (all correspondence will be with the Applicant unless otherwise specified)

APPLICANT _____

PROPERTY OWNER _____

MAILING ADDRESS _____

MAILING ADDRESS _____

PREFERRED DAYTIME CONTACT

- Phone _____
 email _____

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- Phone _____
 email _____

PRESENT USE(S) OF PROPERTY

- Single Family Single family w/access. Apt Duplex Multi-Family Mixed Use Vacant Land
 Commercial/Industrial Bldg. Institutional Vacant Bldg. Other: _____

PROPOSED USE(S) OF PROPERTY

- Same as existing Other _____

PERMIT(S) BEING APPLIED FOR

DESCRIPTION OF WORK PROPOSED

- Zoning _____
 Building _____
 Flood Hazard _____
 DRB Decision _____

Applicant Received a Building Energy Code Handbook, if applicable for the project:

Date Received: _____ **Initials of Applicant:** _____

The undersigned hereby certifies that the information on this application is true and accurate to the best of their belief, consents to its submission, and understands that if the application is approved, any permits issued, and any attached conditions will be binding on the property.

Further, the undersigned authorizes the Permit Administrator and/or the Building Inspector access, at reasonable times, to the property covered by the permit issued under this application, for the purposes of ascertaining compliance with said permit.

APPLICANT SIGNATURE

DATE

PROPERTY OWNER SIGNATURE

DATE

Applications must bear original signatures of the Property Owner of Record, or accompanying Agent for Owner form

All activities approved with a **zoning/flood hazard** permit from this application must commence within 1 year of issuance, and be completed in 3 years, or the permit will be considered null and void.

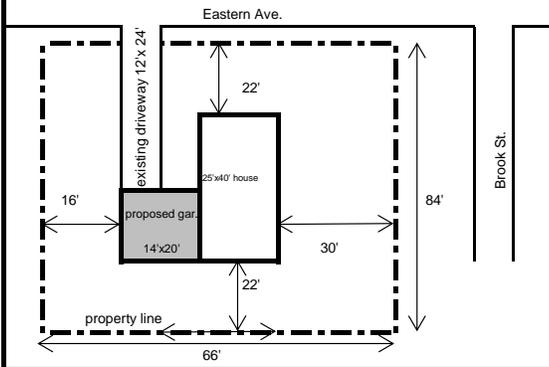
All activities approved with a **building** permit from this application must commence within 1 year of issuance, and be completed in 3 years, or the permit will be considered null and void.

For Office Use Only:

Zoning District: _____ D-1 D-2 Flood Hazard Area _____ Fees Received: \$ _____
 Review by Building Official Referred to the DRB Referred to the VTANR for Floodplain Review Administrative Permit
Zoning Permit: **Z** - _____ Bldg. Permit: **B** - _____ Fld Haz Permit: **F** - _____

Sample Site Plan

1" = 30'



Provide a sketch below for your property and the proposed improvements for the following:

Location of all existing and proposed structures, dimensions, setback distances, etc.

Additional information may be needed, so be as thorough as possible.

Should you need to attach any further drawings or photos, additional sheets shall be no larger than 11x17 in size.

