

# BUILDING PERMIT

**TOWN OF GREENSBORO**  
**PO Box 119, Greensboro, VT 05841**  
**(802) 533-2640 Fax (802) 533-2191**  
**zoning@greensborovt.gov**

## FOR ADMINISTRATIVE USE ONLY

Application Number: \_\_\_\_\_ Tax Map Number \_\_\_\_\_  
Zoning District \_\_\_\_\_  
Date Application Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Fee Paid \$ \_\_\_\_\_

Please provide all of the information requested in this application. Failure to provide all required information will delay the processing of this application. Submit the completed application and a check payable to the *Town of Greensboro*.

### Applicant(s):

Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Landowner(s) (if different from applicant(s)):

Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Physical Location of Property (911 address):

\_\_\_\_\_

### Necessary Permits:

- State Septic Permits - required prior to approval \_\_\_\_\_  
 State Potable Water Supply Permits - required prior to approval \_\_\_\_\_  
 All utilities and DigSafe approval - required prior to approval \_\_\_\_\_  
 Site visit approval **Application cannot be approved until after site visit by the zoning administrator.**  
**Schedule site visit when completed application is submitted.  Visit Waived \_\_\_\_\_**  
 Curb Cut - requires a separate application - necessary if a new driveway must be installed.  
[ ] Applied (date) \_\_\_\_\_ [ ] Not required

### Property Description:

Acreage in lot \_\_\_\_\_

**(Please Note: If your property is enrolled in the Current Use Program, your building application may impact your Current Use status. Please verify your status with Vermont Property Valuation and Review, Current Use Program at 802-828-6633).**

Feet of Road Frontage \_\_\_\_\_

Setbacks of proposed structure: Front \_\_\_\_\_ (to center of road) Rear \_\_\_\_\_  
Right side \_\_\_\_\_ Left side \_\_\_\_\_  
Lakeshore \_\_\_\_\_ Other \_\_\_\_\_

**Dimensions of Proposed and Existing Buildings:**

Proposed:

Length \_\_\_\_\_ No. of Stories \_\_\_\_\_

Width \_\_\_\_\_

Height \_\_\_\_\_

Existing:

Length \_\_\_\_\_ No. of Stories \_\_\_\_\_

Width \_\_\_\_\_

Height \_\_\_\_\_

Existing use and occupancy. (If there are no buildings currently on the property, please write "bare land.") \_\_\_\_\_

Proposed use and occupancy. (Write whether it will be seasonal or full year. If you decide to change the use of your property later you may need another permit.) \_\_\_\_\_

**Sketch or attach a general plot plan showing the following:**

1. Location of property.
2. Location of buildings on property.
3. Location of driveway.
4. Location of well and septic system.

**Sketch a floor plan or diagram showing the dimensions of the proposed building, addition or alteration.**  
(This should show the rooms in the inside of the building, including both upstairs and downstairs if there is more than one floor.)

**Permission to Enter Property & Applicant Certification Signatures**

Signing of this application authorizes the Zoning Administrator to enter onto the premises for the purpose of verifying information presented.

The undersigned hereby certifies that the information submitted in this application regarding the above property is true, accurate and complete and that I (we) have full authority to request approval for the proposed use of the property and any proposed structures. I (we) understand that any permit will be issued in reliance of the above representations and will be automatically void if any are untrue or incorrect.

This permit is void if the development under this permit is not begun within one year of the date of approval or if construction is not completed within two years.

**Construction may not be started until 15 days from the date of approval on this permit.**

Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Landowner(s) \_\_\_\_\_ Date \_\_\_\_\_

**Note: Failure to develop your property in accordance with your application and any conditions of this permit may result in an enforcement action and may affect your ability to sell or transfer clear title to your property.**

Appeal from a decision or act of the Zoning Administrator must be made in writing to the Development Review Board, c/o the Town Clerk's Office at the address shown above, with the appropriate fee, within 15 days of the decision or act. Failure to appeal this decision will mean that all interested persons are bound by this decision and will foreclose these persons from contesting this decision either directly or indirectly in the future. **This permit shall not take effect until the time for such appeal has passed.**

**Please note that this is only a local permit and state permits may be needed for your project. Please contact the Permit Specialist at the VT Agency of Natural Resources at (802)751-0130.**

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{ } Approved { } Denied { } Referred to the Development Review Board	
Date: _____	Signature: _____
Remarks and/or Conditions: _____	
Date of Approval or Denial by Development Review Board: _____	
Applicant/Landowner Received a Copy of the Applicable Building Energy Standards: _____ (Date) _____	
Applicant/Landowner Did NOT Need to Receive a Copy of the Applicable Building Energy Standards (Due to the fact that the structure will not be heated or cooled): _____ (Date) _____	

