

Town of Shrewsbury, VT

APPLICATION FOR BUILDING PERMIT
No construction may start before permit is issued
Permit is subject to 15 days appeal period

Location of Project: _____ Parcel ID # _____

Name of Owner/Applicant: _____ tel. #: _____

Mailing Address: _____

Name of Co-Applicant: _____ tel. #: _____

Mailing Address: _____

Description of Project (please include changes, if any, to the number of bathrooms and/or bedrooms in the structure): _____

Dimensions of Structure(s): _____

Setback From Edge of Road (in feet): _____

Setback From Side Property Lines (in feet): _____

Setback From Rear Property Lines (in feet): _____

Please draw a detailed sketch of your lot and the location of the proposed structure on the back of this application. Please include all dimensions and the interior layout of the structure; all lot dimensions; setbacks from the proposed structure to the side, rear, and front property lines; proposed or present location of your sewer and water; any existing structures on your lot; and a North arrow.

It is understood and agreed that I will abide by the Shrewsbury Zoning Regulations as last adopted by the Town of Shrewsbury or as hereinafter from time to time amended. This permit is voided in the event of misrepresentation or failure to undertake construction within the time period prescribed in Article III Sec. 332 and Sec. 333.

I hereby certify that this parcel of land is in compliance with the Town of Shrewsbury Subdivision and Zoning Regulations.

Signature of Owner/Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

The Applicant is Responsible for any State Permits Required
Please contact Rick Oberkirch, State Permit Specialist at 786-5907 with questions.

Administrative Use Only

Zoning District of Lot: _____ Fee Received: _____ Fee Due: _____

Approved: _____ Denied: _____ Reasons for Denial: _____

Notes: _____

Signed _____ Date _____

Application No. _____ Date Received _____