

Peru, VT Town Clerk's Office
_____, 20____ at _____
____ o'clock _____ minutes _____ M
book _____ on page _____ of _____
_____ Records
Attest _____
Town Clerk

APPLICATION FOR ZONING PERMIT

TOWN OF PERU

P.O. BOX 127
Peru, VT 05152
(802) 824-3065

Application # _____
Fee Paid _____
Date Received _____
Zone _____
Date Deemed Complete _____

NOTE: Read the instructions on the back of this sheet before proceeding.

NAME OF APPLICANT _____ Owner Agent
Address _____ **Phone** _____

NAME OF PROPERTY OWNER (If different from above) _____
Address _____

LOCATION OF PROPERTY _____

TAX MAP: Map _____ Block _____ Lot _____

LOT SIZE _____ acres Frontage on Public Road _____ ft. Public Water Public Sewer

TYPE OF USE: Residential Business Agricultural Institutional Subdivision
 Sign Change of Use New Construction Addition Alteration Amendment

IF APPLICATION IS FOR CHANGE OF USE: Existing Use _____
Proposed Use _____ (If business or institutional use, attach description)

IF APPLICATION IS FOR NEW CONSTRUCTION, ADDITION, ALTERATION OR AMENDMENT: Describe

BUILDING Length _____ ft. Width _____ ft. Height _____ ft. No. of Stories _____

SETBACK FROM PROPERTY LINES: Front _____ ft. Rear _____ ft. Side _____ ft. Side _____ ft.

COST OF PROJECT _____ (Include land preparation and all subcontractors' costs. Attach builder's estimate, if available).

Appropriate fee (see fee schedule) must accompany application.

Is this property in a flood plain? _____

Date application forward to ANR _____

Is this project subject to the Vermont Residential Building Energy Code? _____

I understand I must secure a certificate of occupancy/compliance before using or occupying this structure.
I hereby certify that all statements contained herein and-in all accompanying documents are true and correct, to the best of my knowledge.
Date _____ Applicant's Signature _____

ZONING ADMINISTRATOR'S REPORT

(Office Use Only)

REFERRED TO PLANNING COMMISSION _____ **REFERRED TO ZBA** _____ **RESULTS** _____

VIOLATION NOTICE DATE OF ISSUE _____ **RESULTS** _____

APPEAL _____ **DATE OF ISSUE** _____ **RESULTS** _____

This permit is issued subject to the Zoning Bylaws and the Health Regulations of the Town of Peru and The State of Vermont.

This permit is valid for one year and fifteen days from the date of issuance. It may be renewed for one additional year only, provided that an application for renewal is received by the administrative officer prior to the expiration date of the original permit.

Any interested person may appeal a decision of the Zoning administrator within fifteen days of such a decision. The permit shall not take effect until the time of such appeal has passed.

The permit is issued subject to the following conditions: _____

APPROVED _____ **DENIED** _____ **ZONING ADMINISTRATOR** _____ **DATE** _____