

Town of Dover Zoning Permit

P.O. Box 428 West Dover VT 05356 Zoning Admin: 802 464-5100 - Ext. 7
email: zoning@doververmont.com fax#: 802-464-8721

To be filled out by **Owner** and **Applicant**

Date: _____ **App Completed Date** _____ Application # _____
Mailing address: _____ Approved _____
_____ Denied _____

(All correspondence will be sent to this address)

Physical location of property: _____

Owner:

Applicant:

(if different from owner)

Street/PO Box: _____ Street/PO Box: _____

City/State/ZIP _____ City/State/ZIP _____

Phone _____ Phone _____

Email _____ Email _____

Signature/Date _____ **Signature/Date** _____

Authorization Signature:

(Owner Authorizes Applicant to act on behalf of Owner)

By signing this Zoning Permit Application, I agree to fully cooperate in adjusting for errors to enable the Town of Dover to process, record and/or file this application.

Dover Bylaw Section 362: *In order to prevent construction in locations which have not been approved, and to eliminate costly relocation expenses, an inspection by the Zoning Administrator is required before the footings are poured or sono-tubes/posts are placed in the ground. This application allows the Zoning Admin or designee permission to enter the property to perform the needed inspection.*

Contractor: _____

E911: _____ **Parcel ID:** _____ **Zone:** _____ **Acres:** _____

Application for: *(Complete Description of Project, attach additional sheets if needed)*

REQUIRED: Relevant Section(s) of Bylaw: _____

☐ Conditional Use ☐ Variance ☐ Appeal ☐ PUD ☐ Other: _____

Specific relief requested: _____

Warning: STATE PERMITS MAY BE REQUIRED FOR THIS PROJECT.

Please go to [Permit Navigator https://permitnavigator.my.vermont.gov/s/](https://permitnavigator.my.vermont.gov/s/)

to obtain information about required permits .

Fee: + \$25.00 application base fee
+ \$15.00 per page recording fee
+ \$ _____ (other) _____ (ex: recording of Violations/Cures, late filing or other fees)
+ \$ _____ (total square footage including decks & basements * **\$.05/sq ft** - residential or **\$.10/sq ft** for commercial)

1st floor _____ square feet

+ 2nd floor _____ square feet

+ basement _____ square feet

+ garage _____ square feet

+ decks/porches _____ square feet

= _____ **total square feet**

For Entire Building:

of Rooms _____

of Bedrooms _____

of full Baths _____

of ½ Baths _____

+ \$ _____ (DRB hearing is **\$50** - unless subdivision: \$30 per lot. **PRD** or **PUD** are \$100)

= \$ _____ (Total. Please make check out to **Town of Dover**)

Paid Date _____ Check# _____

Town of Dover

PO Box 428 / West Dover, VT 05356

Telephone 802-464-5100 ext 7 / Fax 802-464-8721 / E-Mail: zoning@doververmont.com

Zoning Application and Development Review Board Instructions

Please Note: If your application is incomplete it will not be heard

Furnish 6 copies of items 1-5 if application is going before the DRB.

For
DRB
Use
Only

Requirements:

- ☐ 1. This application filled out (including square footage calculation), signed and dated by the owner of the property and the application, if other than the owner.
- ☐ 2. A site plan at a scale of 1" =50" including:
 - a. Location and dimension of all proposed structures and additions.
 - b. All property lines with measurements. Show the distance from all of these to all proposed structures and additions.
 - c. Locations and dimensions of all existing structures, driveways, parking roads, (measure from centerline), right-of-ways, wells, streams, ponds and septic systems. Show the distances for all of these to the proposed structures and additions.
- ☐ 3. If your lot will not fit at 1"=50", include a second site plan showing your entire lot.
- ☐ 4. Floor plans and four elevations with all uses and dimensions including height above grade. Be sure it is clear: what exists vs. what is proposed.
- ☐ 5. If the application is for a subdivision:
 - a. A copy of the deed as recorded in the Dover Land Records
 - b. If the parcel is divided into two parcels, a survey of the smaller of the two.
 - c. If the parcel is divided into three or more parcels, a survey of each.
 - d. Any survey or preliminary must be conducted by a state registered surveyor.
- ☐ 6. The State Permit Specialist must be consulted about any State requirements.
Rick Oberkirch, Permit Specialist. 802-282-6488 Rick.Oberkirch@vermont.gov
- ☐ 7. Applicant has given 15 days prior to hearing, written notification to all owners of properties adjoining the property subject to the development, without regard to any public right-of-way most nearly adjacent to the subject property. The notification shall include a description of the project, where to obtain additional information (Dover Zoning Office) and that participation in the hearing is a prerequisite to the right to appeal.
- ☐ 8. Applicant has posted, 15 day prior to the hearing date, notice of the Hearing within view from the public right -of-way most nearly adjacent to the subject property.
- ☐ 9. Development Review Board may require additional information.

Dover, Vermont

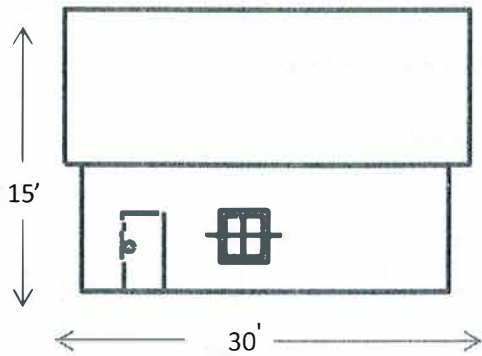
home of mount snow



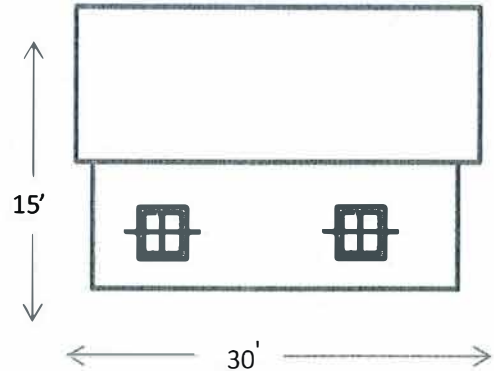
All drawings must be submitted on 8 1/2" x 11" Paper

Drawings must depict Elevations and Floor Plans

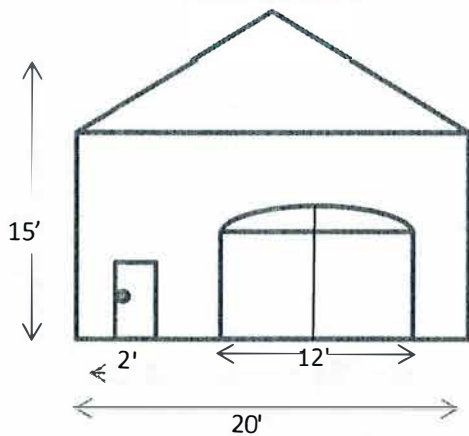
West Elevation



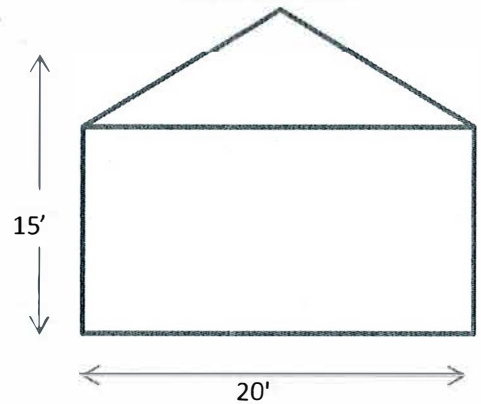
East Elevation



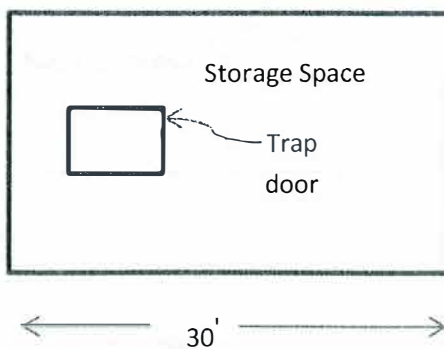
North Elevation



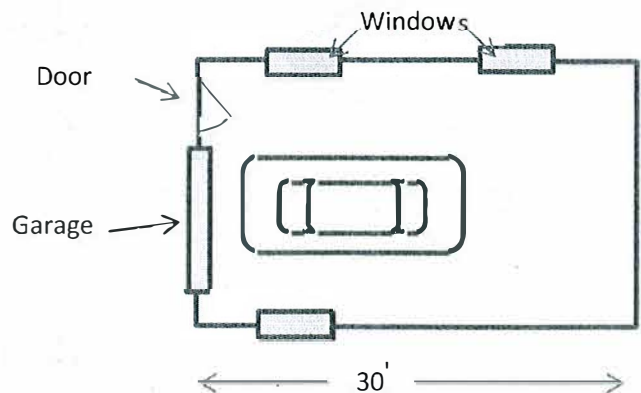
South Elevation



2nd Floor



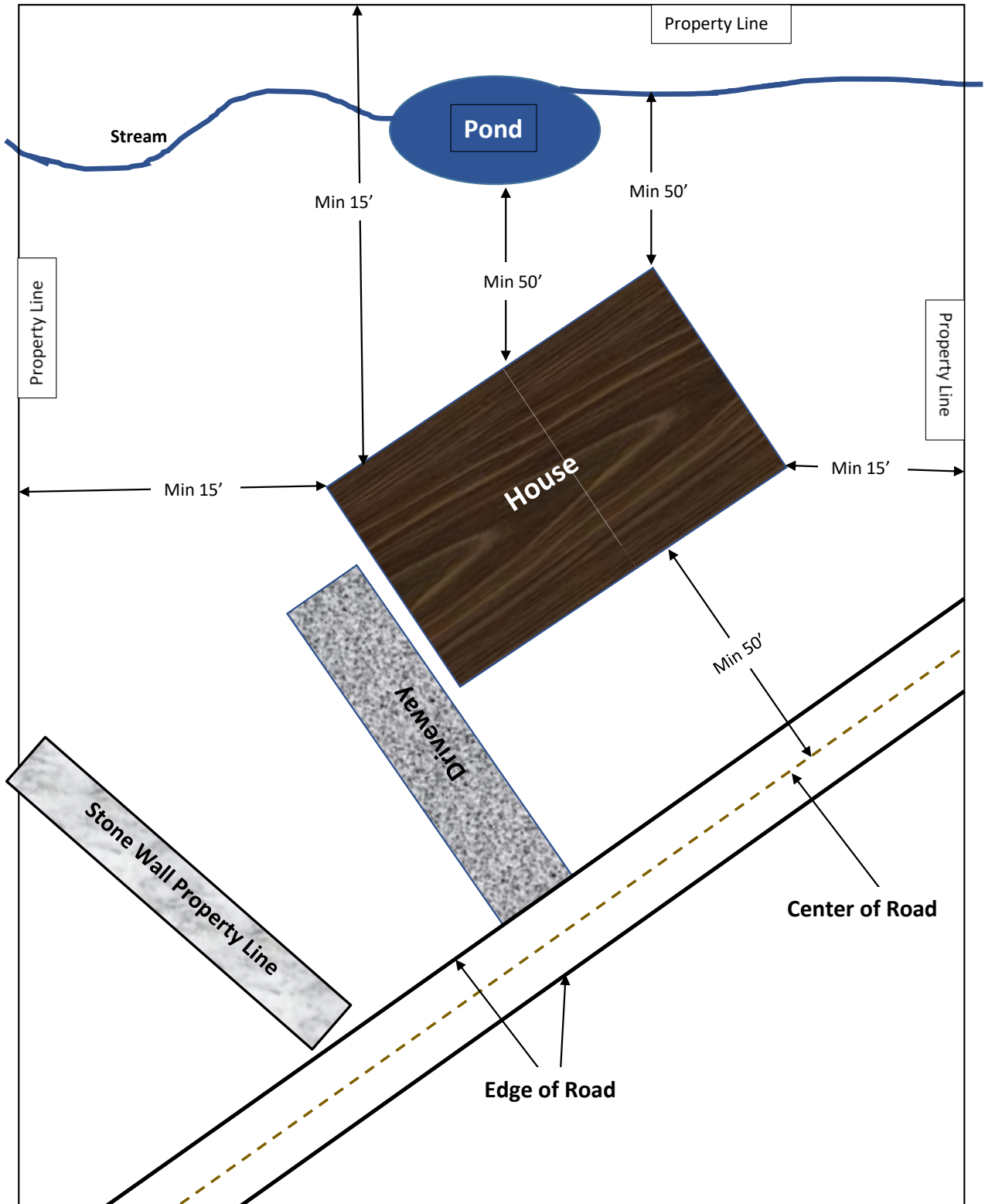
Ground Floor



Standard Setback Requirements

1. 50' (Fifty Feet) from the center of the road
2. 15' (Fifteen Feet) from side/back of property lines
3. 50' (Fifty Feet) from the nearest banks of perennial rivers, lakes or streams

Setbacks may vary in some Zoning Districts



Not to Scale