

Town of Dover Zoning Permit

(For Assistance call: 802 464-8000 - Extension 7)

To be filled out by Owner and Applicant: Application # _____
Approved _____
Date: _____ Denied _____

Mailing address: (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: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ ***(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.

Contractor: _____

E911: _____ Property Code: _____ Zone: _____ Acres: _____

Application for: (Complete Description of Project) _____

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

Relevant Section(s) of Bylaw: _____

Specific relief requested: _____

Warning: State permits may be required for this project. Call 802 885-8850 to speak to the regional Permit Specialist before beginning any construction.

Fee:

- + \$10.00 (recording fee)
- + \$25.00 (base fee)
- + \$ _____ (other)
- + \$ _____ (square footage including decks & basements **\$.05/sq ft - residential or \$.10/sq. foot for commercial**)

1 st floor _____ square feet	<u>For all Floors:</u>
+ 2 nd floor _____ square feet	# of Rooms _____
+ basement _____ square feet	# of Bedrooms _____
+ garage _____ square feet	# of full Baths _____
+ decks/porches _____ square feet	# of 1/2 Baths _____
= total _____ square feet	(times .05 residential or .10 Commercial)
- + \$ _____ (DRB hearing is \$50 - unless subdivision: \$30 per lot. PRD or PUD are \$100)
- = \$ _____ (Total, Please make check out to Town of Dover)

Explain Proposal (attach additional sheets if needed):