

Town of Dover Zoning Permit
(For Assistance call: (802) 464-8000 - Ext. 7)

dvrzone@sover.net

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/Agent: (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: _____

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) 282-6488 to speak to the regional Permit Specialist before beginning any construction.

Fee:

+ \$10.00 (recording fee)

+ \$25.00 (base fee)

+ \$30.00 (other) – Recording fee for Notice of Violation (dated Sept. 26, 2011) and “Cure”

+ \$_____ (square footage including decks & basements **\$.05/sq. ft.- residential or \$.10/sq.**

foot for commercial) 1st floor _____ square feet **For all Floors:**

+ 2nd floor _____ square feet **# of Rooms** _____

+ basement _____ square feet **# of Bedroom** _____

+ 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):