

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**

+ \$ _____ (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# _____

For Entire Building:

of Rooms _____

of Bedrooms _____

of full Baths _____

of ½ Baths _____