

# Town of Dover Zoning Permit

For Assistance call: 802 464-8000 - Ext. 7      zoning@doververmont.com

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** \_\_\_\_\_

**Applicant Authorization 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:** \_\_\_\_\_ **Parcel ID:** \_\_\_\_\_ **Zone:** \_\_\_\_\_ **Acres:** \_\_\_\_\_

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

Relevant Section(s) of Bylaw: \_\_\_\_\_

Conditional Use     Variance     Appeal     PUD     Other: \_\_\_\_\_

Specific relief requested: \_\_\_\_\_

**Warning: State permits may be required for this project.**

**Call (802)279-4747 to speak to John Fay, the regional Permit Specialist before beginning any construction.**

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

1<sup>st</sup> floor \_\_\_\_\_ square feet  
+ 2<sup>nd</sup> 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 1/2 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 802-464-8000 ext 7 / Fax 802-464-8721 / E-Mail: zoning@doververmont.com

## Zoning Application and Development Review Board Instructions




For  
DRB  
Use  
Only

**Please Note: If your application is incomplete it will not be heard**  
***Furnish 6 copies of items 1-5.***

### 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. 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. 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.  
John Fay, Permit Specialist. 802-279-4747 John.Fay@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.

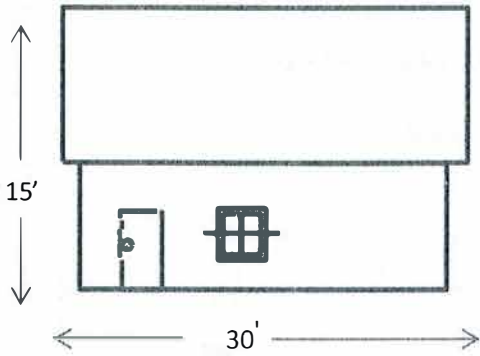
# Dover, Vermont

home of mount snow   

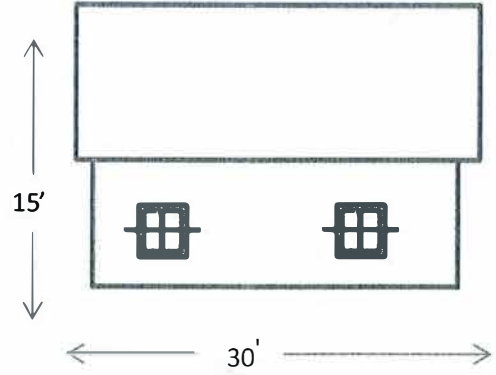
All drawings must be submitted on 8 1/2" x 11" Paper

Drawings must depict Elevations and Floor Plans

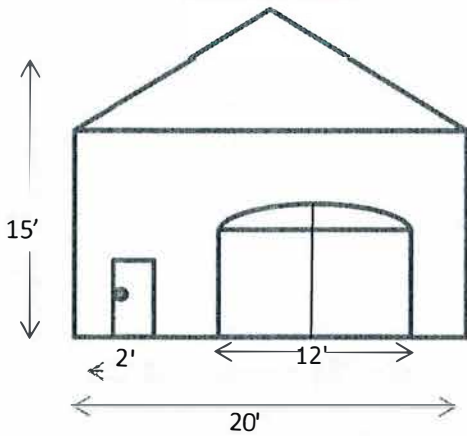
West Elevation



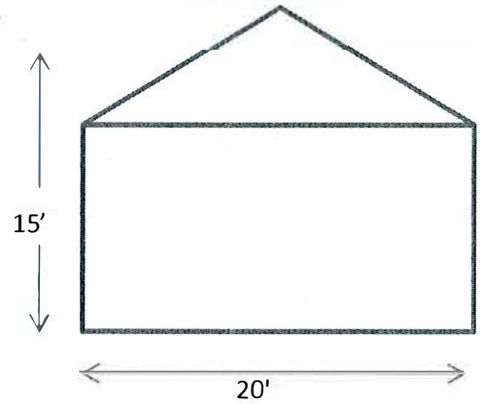
East Elevation



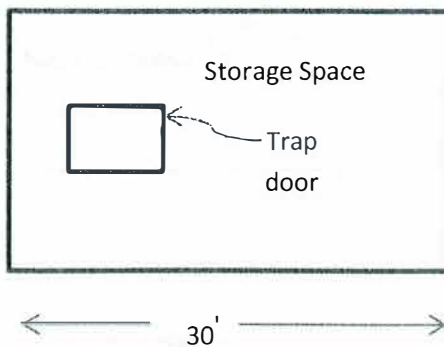
North Elevation



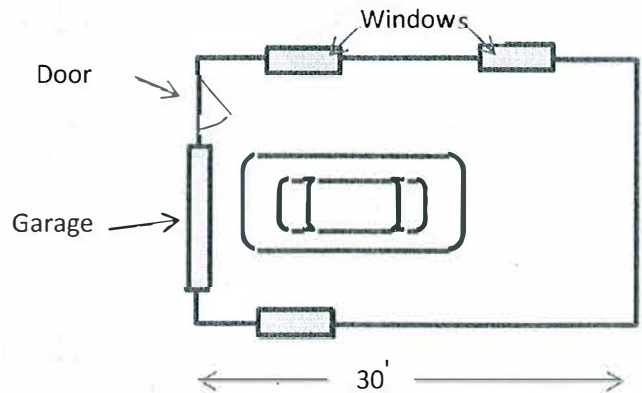
South Elevation



2<sup>nd</sup> Floor



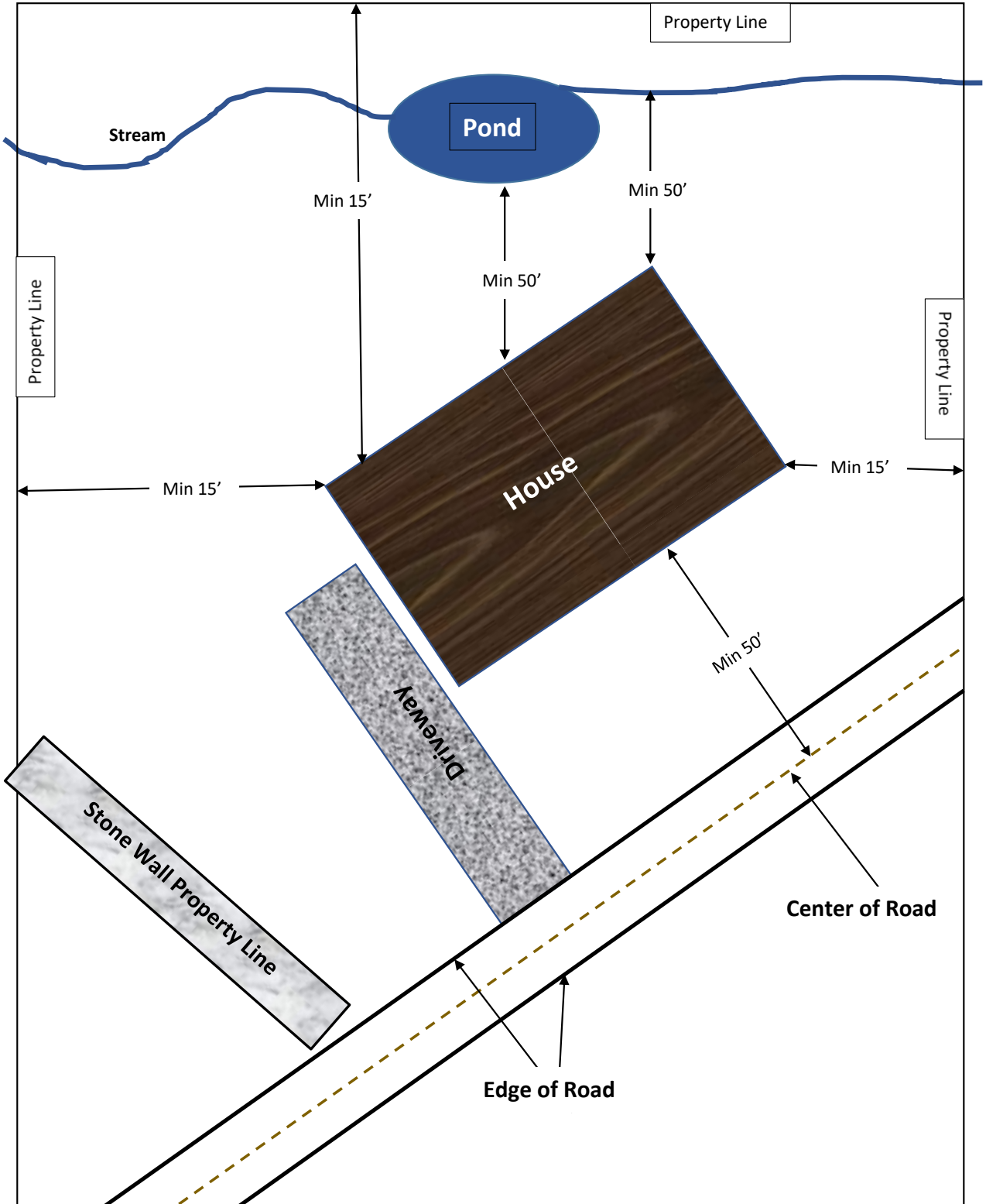
Ground Floor



# 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