

**Town of Bradford**

PO Box 339, Bradford, VT 05033 802-222-4727 x 304

\_\_\_\_ **BUILDING PERMIT**

\_\_\_\_ **ZONING PERMIT APPLICATION**

The undersigned hereby requests a permit for the following use, to be issued on the basis of the representations contained herein. Permit voided in the event of misrepresentation. All local and state health and environmental regulations are to be observed. No alteration of these plans shall be allowed except where written application has been made to the Selectboard or Trustees and approval obtained. **A general plot plan showing the location of the property and buildings or work areas must be attached.**

Name of Landowner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone-Work: \_\_\_\_\_ Home: \_\_\_\_\_ Property Location: \_\_\_\_\_

911 Locatable Address: \_\_\_\_\_ Tax Map # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone-Work: \_\_\_\_\_ Home: \_\_\_\_\_

Nature of Work: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Road Frontage: \_\_\_\_\_ Zone: \_\_\_\_\_

**\*\*\*\*\*APPLICANT: COMPLETE THE FOLLOWING FOR BUILDING AND ZONING PERMITS:\*\*\*\*\***

Building length: \_\_\_\_\_ Width: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Setbacks: Road right of way: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_ Side: \_\_\_\_\_

Type of Water System: \_\_\_\_\_ Type Septic System: \_\_\_\_\_

ZONING: Amount of off Street parking: \_\_\_\_\_ Septic Design on file: \_\_\_\_\_

NOTE: The Zoning Administrator must receive all necessary sewer designs, water and any other required permits, and collect all fees due prior to the issuance of any permit.

**\*\*\*\*\*APPLICANT: ALL PERMITS MUST BE SIGNED BELOW:\*\*\*\*\***

Signature of Applicant: \_\_\_\_\_ Signature of Landowner: \_\_\_\_\_

**\*\*\*\*\*TO BE COMPLETED BY TOWN OFFICE:\*\*\*\*\***

Application Number: \_\_\_\_\_ Received: \_\_\_\_\_ Fee: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Referred to: \_\_\_\_\_

**Requirements or Comments:** \_\_\_\_\_

Signatures: \_\_\_\_\_  
Selectboard Zoning Administrator Administrative Officer

Any interested person may appeal any decision within fifteen (15) days of the date of this decision. This permit shall not take effect until the time for such appeal has passed. Any denial may be appealed to the Zoning Board of Adjustment and a hearing requested. This appeal must be made within fifteen (15) days of the denial. **SEE REVERSE SIDE FOR ADDITIONAL COMMENTS.**