

TOWN OF MONKTON, VERMONT

APPLICATION FOR A BUILDING PERMIT

Owner: _____

PERMIT #: _____

Address: _____

Parcel ID #: _____

Parcel Zone: _____

Applicant/Builder, address & phone numbers:

Property Address if different than owners:

Property Statistics: Acreage: _____ Road Frontage: _____ Depth: _____ Width: _____

Construction cannot begin until 15 days after issuance of this permit

This Permit is Valid for Twenty Four (24) Months from Date of Issuance

Please Note:

1. For new residential construction a valid septic/sewage design and VT State approval is required.
2. Access to site requiring a curb cut must have Selectboard approval prior to Building Permit issuance.
3. For new lots within a subdivision, they must have Parcel ID # and 911 emergency designation.

Purpose of this permit application: _____

Size of Construction: Height: _____

of Bathrooms: _____

Width: _____

Will there be a garage? _____

Length: _____

Source of Drinking Water: _____

of Bedrooms: _____

Septic Permit #: _____

Statement and Signature of Applicant:

"I attest that the dimensions and the stated purpose of this permit are accurate as presented on this application".

Signature: _____

Date: _____

PERMIT FEES WILL BE DOUBLED IF WORK HAS BEGUN PRIOR TO THIS APPLICATION

ANY CONSTRUCTION OR ACTION FOR WHICH A REQUIRED BUILDING, SEWAGE, OR CONDITIONAL USE PERMIT HAVE NOT BEEN OBTAINED IS IN VIOLATION OF THE ZONING ORDINANCE OF THE TOWN OF MONKTON, VT AND APPROPRIATE ACTION AND FINES ALONG WITH A "STOP WORK ORDER" WILL BE TAKEN FOR EACH VIOLATION.

Zoning Administrator approval: _____

Date: _____

Permit Fee: _____

(OVER for site plan portion of permit application)

PLOT TO SCALE: THE EXISTING BUILDINGS AND THE PROPOSED CONSTRUCTION, FRONT (TO THE CENTERLINE OF THE ROAD), BOTH SIDE YARD SETBACKS, REAR YARD SETBACK, AND ALSO A COMPASS ARROW SHOWING N,E,S,W.

PLEASE INDICATE NAMES OF ABUTTING PROPERTY OWNERS, IF KNOWN.

