

TOWN OF JAY, VERMONT
1036 VT Route # 242
Jay, VT 05859

ZONING PERMIT APPLICATION

The undersigned requests a Zoning Permit for the following stated use to be issued on the basis of representations contained herein. Permits will be voided in the event of misrepresentation. Please provide all of the information requested in this application including a Sketch Plan.

1. Applicant Name: _____

Mailing Address: _____

Telephone Number: _____

Email (optional): _____

2. Landowner (if different than applicant)

Name: _____

Mailing Address: _____

Telephone Number: _____

Email (optional): _____

3. Permit is for:

New construction: ()

Conditional use: ()

Other (please state):

4. Nature of Work:

Permitted use: ()

Structural Alteration: ()

Other (please state):

5. Dimensions of Work in feet: Length_____, Width_____, Height_____

6. Total estimated cost of work: _____

7. Setbacks for all work in feet: Back yard_____, Left yard_____

Right yard _____, front setback from center line of road or right
of way _____

8. Existing use of property_____, Proposed use_____

* Any work requiring a new driveway must have the signed
Approval of the Town of Jay road commissioner: _____

9. Estimated start of construction: _____, Estimated completion

Date: _____

Zoning permit must be displayed where will be done before any work can be
started.

10. For all commercial or industrial uses of a property state type of business:

*Any change in use of type of business will require a new permit

11. Tax map sheet# _____, Parcel ID # _____
Zoning District _____ Lot size in acres _____
Depth in feet _____, Date acquired _____, Frontage on
Public roads and right of ways in feet _____
Town Land Records: Book # _____, Page # _____

If you need assistance with this application, or have questions please contact the
Zoning Administrator: Arlene Bosco at (802)673-0967 or
listertownofjay@comcast.net

I hereby certify that the information submitted in this application,
including attachments is true and correct.

Signed _____

Date: _____

*Please submit one copy of this application with the application fee.

ADMINISTRATIVE OFFICER USE ONLY

Application # _____, Date received: _____, Inspection Date: _____

Approved permit # _____, Valid _____, Expires: _____

Denied () Referred to Board of Adjustment ()

Administrative Officer

Date of Decision

Any interested party may appeal any decision by the Administrative Officer to the
Zoning Board of Adjustment within 15 days of the date of issuance. This permit
may not take effect until the time for such an appeal has passed.