



Town of Georgia
Application for Zoning Permit
& Building Permit

Recording Information

- ⇒ For any change of use on State Highways (Route 7 & 104A) contact VTRANS
- ⇒ Post **Permit Poster** so it is visible to the road immediately as the Permit is appeal-able within 15 days of issuance.
- ⇒ Complete a Certificate of Occupancy application upon completion of project.
- ⇒ Provide a diagram showing the proposed project, well location, septic location and setbacks from the property line.
- ⇒ Property information & forms are available at townofgeorgia.com or using the [Georgia VT Parcel Map](#).

Application Approval Date ___/___/___
 Appeal Period Expires ___/___/___
 Zoning District _____
 Permit Number _____

A

Parcel Number: _____
 Property Address (E911): _____
 Applicant Name: _____
 Applicant Address: _____
 Applicant Phone: _____ Applicant Email: _____
 Owners Name (if different): _____

Property Owner Authorization: *The undersigned property owner hereby certifies that the information submitted in this application regarding the property line is true, accurate, and complete. The Applicant has full authority to request approval for the proposed use of the property and any proposed structure.*

Date: ___/___/___ **Owner's Signature:** _____

B

Proposed Construction
 Dimensions: (1) L___ x W___ x H___ (2) L___ x W___ x H___ Total ft² _____
 # of floors: _____ # of Bedrooms _____ # of Bathrooms _____

C

Property Information
 Lot Size _____ acres Lot road frontage _____
Proposed Setbacks (in feet)
 Center of Road _____ Right Side _____ Left Side _____ Rear _____

D

Previous Permits / Subdivision Name / Driveway Permit / DRB Application
 _____ / _____
 _____ / _____

E

Septic Information: *Applicants should visit the Agency of Natural Resources Department of Environmental Conservation to determine if a wastewater and Potable Water Supply Permit is required in accordance with 10 V.S.A. Chapter 64.*
 Website: <https://dec.vermont.gov/water/forms/ww-systems-permits>
 ___ Changes are not proposed to the building or to the use which will increase the amount of wastewater disposal. (i.e. adding bedroom or change of use)
 ___ Wastewater & Potable Supply Permit is required. State Permit # _____

F

VT Building Energy Standards Certificate (RBES): *The Vermont Residential Building Energy Standard (RBES) - 30 V.S.A. § 51 affects all new homes built after July 1, 1998. It is the energy code for all residential buildings 3 stories or less above grade in Vermont. RBES Disclosure Statement must be filled out and recorded with the town prior to the issuance of a Certificate of Occupancy. Applicant must certify the following:*

___ Structure which is subject of this application DOES NOT require an RBES Certificate
 ___ Structure which is subject of this application DOES require an RBES Certificate

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis)

N = New A = Addition R = Remodel

| Residential: | N | A | R |
|---|--------------------------|--------------------------|--------------------------|
| Single Family | | | |
| Two-family (Duplex) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multi-family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Condominium / Townhouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manufactured Home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seasonal Camp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADU (accessory dwelling unit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inclusions or Additions: | | | |
| Garage attached detached Addition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Porch enclosed open | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deck / Patio | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool in ground above | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shed / Play House / Coop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barn residential agriculture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Greenhouse residential agriculture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fence (< 5' in height no permit required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | | | |
| Non-Residential: | | | |
| Commercial / Industrial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sign | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: check if needed | | | |
| Change in Use | <input type="checkbox"/> | | |
| Home Occupation | <input type="checkbox"/> | | |
| Permit Renewal Appeal | <input type="checkbox"/> | | |
| Variance / Waiver | <input type="checkbox"/> | | |

H

Please check the appropriate box for the following:

| Additional Property Information | Yes | No |
|---|--------------------------|--------------------------|
| Is there a stream or wetland on property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the property in a Special Flood Hazard Area? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the property in an L1 zone on Lake Champlain? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the property in the South Village? | <input type="checkbox"/> | <input type="checkbox"/> |
| Project involve work in town right of way? | <input type="checkbox"/> | <input type="checkbox"/> |
| Project involve a change in the # of bedrooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| Project involve demolition / renovation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you attached a drawing of project? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is this a primary residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an HOA (Home Owners Association)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Property have a E911 sign at end of driveway? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an increase in impervious surface? (includes roof, deck, porch, pavement, patio etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes total square feet _____ ft ² | | |

Property Owner Acknowledgement: *The undersigned applicant hereby affirms that the information provided in this application is true, accurate, and complete. I understand if this application is approved, I must post the building poster provided on the property in public view and allow a 15 day appeal period before work begins. I understand Vermont law allows 30 days to find this application complete. I understand that my signature on this application constitutes permission for on-site inspection of the property described on this application form under Article 3 of the Georgia Development Regulations.*

Applicant Signature: _____ **Date** ___/___/___ **Co-Applicant Signature:** _____ **Date** ___/___/___



OFFICIAL USE ONLY — ZONING ADMINISTRATOR ACTION — OFFICIAL USE ONLY

Date Application Received: ___/___/___ Zoning District: _____

Project Description: _____

Additional Action Needed:

Variance / Waiver: _____

Meeting date with DRB: ___/___/___

Appeal: _____

Meeting date with DRB: ___/___/___

Conditional Use Res: _____

Meeting date with DRB: ___/___/___

Conditional Use Com: _____

Meeting date with DRB: ___/___/___

Concept / Sketch Plan: _____

Meeting date with DRB: ___/___/___

Site Plan: _____

Meeting date with DRB: ___/___/___

BLA: _____

Meeting date with DRB: ___/___/___

Amend / Renew: _____

Meeting date with DRB: ___/___/___

Final Zoning Administrator Action

ZONING PERMIT

Approved Date: ___/___/___ Zoning Administrator: _____

Permit EFFECTIVE date: ___/___/___ Permit EXPIRATION date: ___/___/___

CONDITIONS of Approval: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> RBES Required | <input type="checkbox"/> Certificate of Occupancy Required | <input type="checkbox"/> VTRANS Permit Required |
| <input type="checkbox"/> Driveway Permit | <input type="checkbox"/> ROW Permit | <input type="checkbox"/> Class 4 Road Agreement |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> E911 Sign | |

Denied Date: ___/___/___ Zoning Administrator: _____

Reason for Denial: _____

| <i>Fees</i> | |
|---------------------|----------|
| Permit Fee: | \$ _____ |
| Recording Fee: | \$ _____ |
| RBES Record: | \$ _____ |
| VTRANS Record: | \$ _____ |
| Driveway Permit: | \$ _____ |
| ROW Permit: | \$ _____ |
| Road Inspection: | \$ _____ |
| Cert. of Occupancy: | \$ _____ |
| Cert of Occ Record: | \$ _____ |
| Impact Town: | \$ _____ |
| Impact School: | \$ _____ |
| Other: | \$ _____ |
| <hr/> | |
| Total Fees Zone: | \$ _____ |
| Total Record: | \$ _____ |
| Total Highway: | \$ _____ |
| Total Impact Town: | \$ _____ |
| <hr/> | |
| Total Permit Fees: | \$ _____ |

Notice of Appeal Rights: Any interested person may appeal this decision by filing a written Notice of Appeal with the Zoning Administrator or DRB Clerk within 15 days of the date of this decision. (Title 24 VSA ch. 117 Section 4465)

This permit does not authorize commencement of any development activity approved by the permit until the permit takes effect as set forth above.

Site modifications and improvements made prior to this permit becoming effective may be subject to removal and site restoration if a timely appeal is commenced.

Expiration: This permit expires one year from the date of issue or date listed at top of permit and may be extended one additional year upon application.

Conditions: Conditions imposed by the Zoning Administrator, Planning Commission, DRB, or Selectboard are hereby incorporated into this permit and are binding on the permittee.

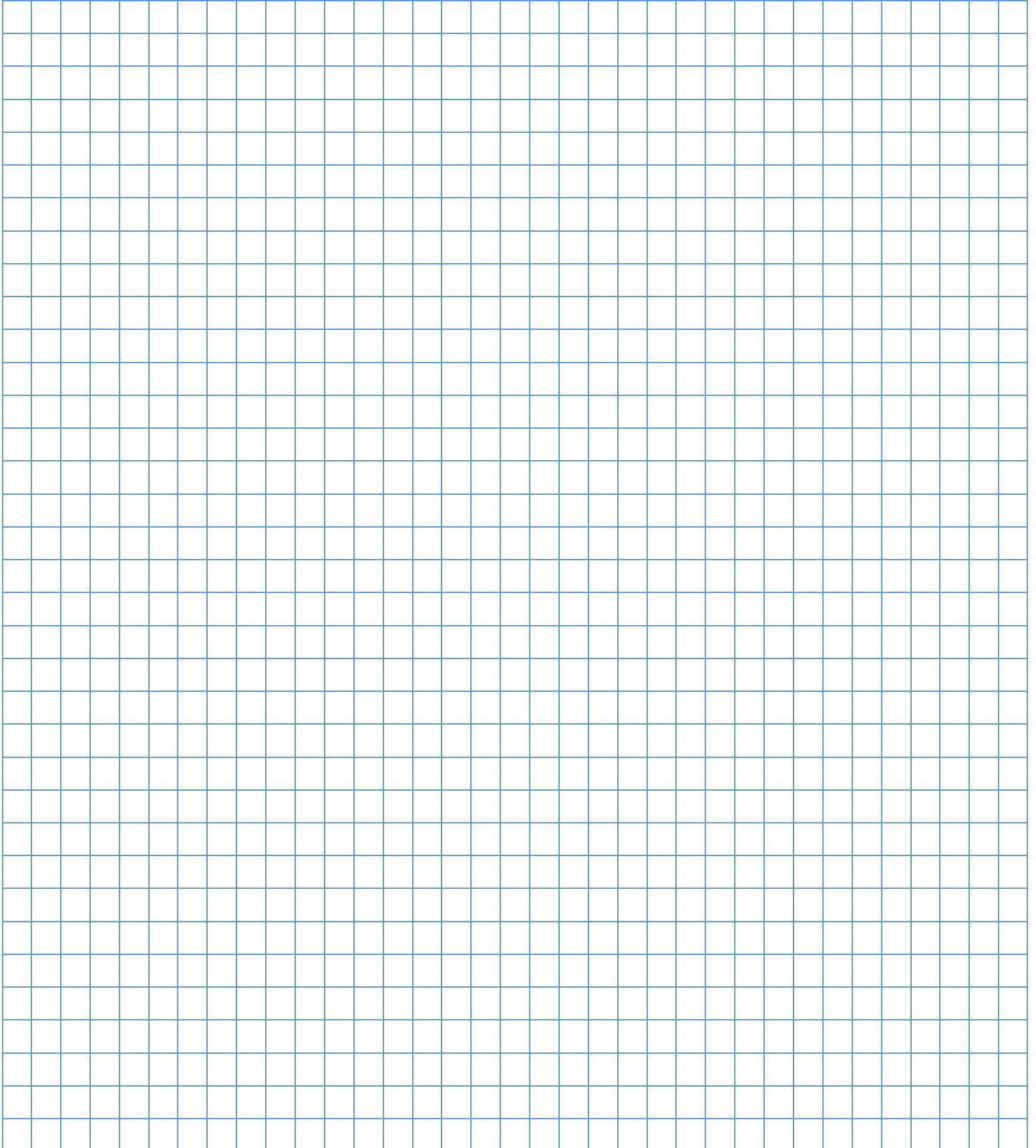
Note: The applicant retains the obligation to identify, apply for, and obtain relevant state permits for this project. Call (802)477-2241 to speak with a regional Permit Specialist.

Permit #: _____ **E911 Address:** _____

Applicant Name: _____

Show and label property lines, driveway, septic, well, easements, road frontage, distance from front, rear and sides of property line. Show existing structures and new structures and label appropriately.

Example project layout on back of page.



Sample Project Drawing

Label existing and new project areas

