

TOWN OF PITTSFORD ZONING APPLICATION

Application for: (Check all that Apply): ___ Zoning Permit ___ Appeal of Admin Decision ___ Variance ____Site Plan Review ____Subdivision ___ Conditional Use ____Lot Line Adjustment *For applications including conditional use, variance, subdivision, and lot line adjustment, an addendum sheet will need to be completed for the application to be complete.

APPLICANT INFORMATION

Name:	Telephone #:
Mailing Address:	
E-mail Address:	
OWNER INFORMAT	TION (If Different than Applicant)
Name:	Telephone #:
Mailing Address:	
E-mail Address:	
PR	OJECT LOCATION
Parcel #: Tax Map #:	Lot #: Plot #:
Street Address:	
Is the Property in a Flood Plain? Yes	_No Wetlands area: Yes No
Lot Size: Zoning District:	
Present Use of Property: Vacant One	e-FamilyTwo-FamilyMulti-Family
Commercial Industrial Other: D	Describe
PROPOSED WORK TO	BE COMPLETED/USE OF PROPERTY
New BuildingAlteration/Addition	Change of UseSubdivision
Description of Proposed Work:	
CERTIFICATIONS OF PRO	OPERTY OWNER AND/OR APPLICANT
true and accurate, consents to its submission eithe understands that if the application is approved, th on the property. Further, the undersigned authoriz	ner hereby certifies that the information for this application is er by themself, the co-applicant, agent, or lessee, and at the zoning permit and any attached conditions will be binding zes the Administrative Officer access at reasonable times to the application for the purposes of ascertaining compliance with said
PROPERTY OWNER'S SIGNATURE: APPLICANT (if not property owner): The undersign	ned applicant hereby certifies that ALL the information submitted

for this application is true and accurate.

APP	LICA	NT'S	S SIGN	IATURI	E:	

Date Received _____ Permit #: _____

Fee Paid/Date _____

Effective Date:

No zoning permit shall take effect until the time for appeal under Section 1401 has passed, or in the event that a notice of appeal is properly filed, until final adjudication of the appeal.

Completion:

All activities as authorized by the issuance of the permit shall be commenced within one (1) year of the effective date of the permit and shall be completed within two (2) years of the effective date or the permit shall become null and void. The applicant must reapply and obtain another zoning permit to complete the activities as initiated under the original permit. The Zoning Administrator may allow an extension of up to two (2) years.

The issuance of a zoning permit does not relieve the applicant of any responsibility for obtaining other required local, state, or federal permits or approvals, as necessary.

DETERMINATION AND INITIAL ACTION OF THE ADMINISTRATIVE OFFICER

Zoning District of the subject property:					
Identification and Classification of the proposed use(s):					
(P = permitted, C = conditional, E = exempt, X = prohibited)					
Application is REFERRED to the Appropriate Municipal Panel (AMP) for the following approval(s):					
Date:					
FINAL ACTION OF THE ADMINISTRATIVE OFFICER					
APPROVED with condition that all conditions of the AMP approvals shall apply					
No Permit Required					
Signature and Date:					

Notes to Applicant:

- An applicant and/or interested person (as defined in 24 VSA § 4464 may appeal a decision or act of the Administrative Officer within 15 days of the date of the decision by filing a notice of appeal with the Secretary of the Board of Adjustment and by filing a copy of the notice with the Administrative Officer.
- 2) Other application materials and submittals are required for proposed uses that require a site plan review and/or a conditional use or variance permit. The Administrative Officer will provide you with the forms and directions.

PERMIT ADDENDUM TO PROVIDE ADDITIONAL INFORMATION

Parcel ID #:	Map ID#:	In Refe	erence to zoning permit #:					
Please Check One:	Variance	Conditional Use	Subdivision					
PROPERTY AND SUBDIVISION INFORMATION								
Street Address of Prope	erty:							
Original Lot Size:	Driginal Lot Size: Number of Lots to Be Created:							
Proposed Lot Sizes:	Lot 1	Lot 5	Lot 9					
	Lot 2	Lot 6	Lot 10					
	Lot 3	Lot 7	Lot 11					
	Lot 4	Lot 8	Lot 12					
Will there be any restrictive covenants on any deeds?								
Has the original lot even	r been part of a subdiv	vision before? If ye	es, please fill out the following:					
Date:	Number of Lots: Name of Subdivider:		Name of Subdivider:					
Proposed Conditional U	Jse or Nature of Variar	nce Requested (be	specific):					
CERTIFICATIONS OF APPLICANT AND/OR PROPERTY OWNER PROPERTY OWNER: The undersigned property owner hereby certifies that the information for this application is true, accurate, and complete and that the applicant has full authority to request approval for the proposed use of the property and any proposed structures.								
Property Owner's Signa	ture		Date					
APPLICANT (if not property owner): The undersigned applicant hereby certifies that ALL the information submitted for this application is true and accurate and that the information provided is complete.								
Applicant's Signature			Date					

Date Application Received: _____

Fee Received: _____

ADDITIONAL INFORMATION

Please submit the following presented in drawn form and accompanied by text:

- Name and address of person(s) or firm preparing the map.
- Scale of map, North point, and date
- Survey of the property or a map drawn to approximate scale, including contours, structures, large trees, utility easements, rights of way, land use and deed restrictions, existing driveways and curb-cuts.
- Site plan showing proposed structures, locations and land-use areas, streets, driveways, curbcuts, traffic circulation, parking and loading spaces, pedestrian walks, landscaping plans including site grading, landscape design and screening.
- Construction sequence and time schedule for completion of each phase for buildings, parking spaces, and landscaped areas of the entire development.
- As additional required information, the Applicant shall make the premises available for one or more site visits by the Planning Commission, at is sole discretion.

Any of the above information can be waived at the discretion of the Planning Commission. If you wish to waive any of the above information, please submit a letter to the Zoning Administrator specifying the information you are requesting to be waived, along with a preliminary site plan. Additional information may be requested.

The Zoning Officer May Assist You With The Following:

At least seven (7) days prior to the Site Plan Review hearing, the Applicant must give written notification to the owners of all adjoining properties. This notification shall include the following:

- A description of the proposed project,
- Information that clearly informs the recipient where additional information may be obtained,
- The date and time of the hearing, and
- That participation in the local proceeding is a prerequisite to the right to take any subsequent appeal.

The applicant is required to bear any costs associated with this notification and has to supply proof of delivery (certified mail, return receipt requested, or by written notice of hand delivery by the abutter). Please see sample letter included with the application.

The Planning Commission meets the Fourth (4th) Thursday of the Month, unless otherwise changed due to Holidays, etc. Site plans must be filed with the Town at least one (1) week prior to the Meeting to be considered in that month.

The applicant is required to attend the Planning Commission meeting dealing with this application to answer any questions the Commission may have.

Site Plan approval is required for any use or structure except in the following cases:

- One and two family dwellings and accessory uses and buildings;
- Any use or structure requiring a conditional use permit.

The Planning Commission has 45 days after the adjournment of the hearing to issue a decision.

For more information, please contact Jeff Biasuzzi, Zoning Administrator. The phone number is (802) 483-6500 x 180 or email is <u>zoning@pittsfordvermont.com</u>. Office hours vary, so scheduling an appointment in advance is highly encouraged. His office is located at the Municipal Offices 426 Plains Road, Pittsford, VT 05763.