

Building & Zoning Application

Town of St. Albans
Office of the Zoning Administrator
PO Box 37
St. Albans Bay, VT 05481
(802) 524-7589 Ext. 100
a.johnson@stalbanstown.com



Property Owner Information

Owner Name _____

Owner Address _____

Phone Number _____ Email Address _____

Representative/Applicant Information

Name _____

Address _____

Phone Number _____ Email Address _____

Property Information

Address _____

Parcel Number _____

Flood Hazard Overlay Yes No

Road Frontage _____ Acreage _____

Square Footage of Impervious Surface: _____

Additional Information

Project Description: _____

Supplemental Documentation

On a separate piece of paper provide a drawing including:

- Lot Lines
- Proposed Building Improvements/Additions
- Dimensions in feet of all improvements being requested
- Distances in feet from proposed structures to: side, rear, and front boundaries, center of road, other structures currently or proposed on the lot
- Label roads and include north arrow
- Lakeshore properties include distance to the 95.5 mean water mark

Does this project require Municipal water or wastewater? Yes No

Property Owner's Acknowledgement: As the owner of the property described above, I hereby apply for a permit to make a change in the use or undertake the development described on this form. I understand that if this application is approved, I must post notice within view from the public right of way most nearly adjacent to the subject property for 15 days. I understand that VT law allows the Zoning Administrator 30 days to issue or deny a permit. The information and representations contained in this application are true and accurate to the best of my knowledge. My signature below constitutes permission for on-site inspection of the property described on this application.

YOU MUST CONTACT A PERMIT SPECIALIST AT THE VT DEPT. OF ENVIRONMENTAL CONSERVATION TO OBTAIN INFORMATION REGARDING VT STATE PERMITTING REQUIREMENTS AT (802) 477-2241

Signatures of Owner(s) of record _____ **Date** _____

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----- Town Use Only -----

Application Number _____	
Certificate of Compliance Required? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Application <input type="checkbox"/> Approved	Permit Valid _____
<input type="checkbox"/> Rejected	Permit Expires _____
Permit # _____	Issued To _____
Date _____	
Zoning Administrator	

Fees

Recording Fee _____	Paid _____ (date)
Zoning Permit _____	<input type="checkbox"/> Cash
Penalty _____	<input type="checkbox"/> Check
Impact Fee _____	<input type="checkbox"/> Card
Total Fee Paid _____	

Town Remarks/Conditions of Approval _____

**** This permit is for local approvals only. ****

Please visit <https://vermont.force.com/permitnavigator/s/> for information on State requirements.