

TOWN OF HINESBURG, VERMONT
Zoning Change of Use Permit Application

Permit Number: _____ Zoning District: _____ Tax Map Number: _____

Landowner(s) - as recorded in Grand List

Name: _____ Reach Phone #: _____

Address: _____ Email: _____

Applicant(s) (if different from Landowners)

Name: _____ Reach Phone #: _____

Address: _____ Email: _____

Location / Address of Property: _____

Description of Existing Use: _____

Description of Proposed Use (type of business, hours, number of employees, business vehicles, delivery schedule etc.): _____

Was an updated or new State Wastewater permit required? Yes / No. If yes provide permit # WW-4-_____

These signatures attest that all the information provided with the application is accurate and it is understood that it a Certificate of Use must be issued to confirm that the actions taken were as proposed in the application

Signature of Applicant

Date

Signature of Landowner

Date

This form is for proposed new uses on existing structures. Include with this form a property sketch or survey, which shows the structures on the property identifying the structures to be used for the proposed use.

Per Section 4.1.7 of the Hinesburg Zoning Regulations, a Zoning Permit is valid for one year after the date of issue. Unless a permit is renewed, the permit will EXPIRE. Per Section 4.1.3 of the Hinesburg Zoning Regulations prior to the expiration of the permit and prior to the new use beginning a Certificate of Occupancy (CO) is required from the Zoning Administrator, which will confirm that the conditions of the permit and any applicable requirements of the Town regulations have been met.

State Permits: It is the obligation of the Applicant or permittee to identify, apply for, and obtain required state permits for this project prior to any construction. The VT Agency of Natural Resources provides assistance. Please contact the regional Permit Specialist at 879-5676 (111 West St, Essex Jct., VT 05452) for more information.

DO NOT WRITE BELOW THIS LINE – Office Use Only

Date application complete: _____ Approved / Denied; Decision Date _____

End of appeal date: _____ Date Permit Valid: _____

Date DRB Site Plan Approval: _____ Date permit expiration: _____

Conditions / Comments: _____

Zoning Administrator

Date