

TOWN OF SUTTON
167 UNDERPASS ROAD
SUTTON, VT 05867
(802) 467-3377
www.suttonvt.org

ZONING PERMIT APPLICATION PROCESS (approved 1/26/15)

1. Applicant picks up a permit application form from the town office. *Note: If the application is for a subdivision, applicant must fill out a **SUBDIVISION PERMIT APPLICATION**.*
2. Application is filled out by applicant following zoning standards adopted by Town of Sutton Zoning Bylaws. Application is submitted to the town clerk with \$50.00 application fee.
3. If the requested permit is a Permitted Use permit and all the information is complete, your permit will be approved and signed by the Zoning Administrator (ZA) and posted at the town office for public viewing for 15 days. A copy of the approved permit will be mailed to you.
4. The Zoning Administrator will refer all conditional use and variance applications to the Development Review Board (DRB). You will then be required to attend a public hearing where the application will be discussed. Hearings are held on the 2nd Tuesday of each month at 7:00 PM at the town office, 167 Underpass Rd., Sutton.
5. All required paperwork in support of the zoning permit application must be filed with the town clerk at least 21 days before the scheduled hearing.
6. All conditional use and variance permit applicants are required to notify landowners who share a common boundary and across the road of their plans, and of the date and time of the public hearing. See attachments for template of the required letter. Applicants are required to submit, with the application, a list of adjacent landowners and copies of all letters.
7. All conditional use or variance application hearings must be warned in the Caledonian-Record newspaper at least 15 days prior to the scheduled hearing.
8. After the public hearing, if permit has been approved, the permit and findings of fact must be posted at the town office for 15 days for public viewing. If permit is denied, the DRB will notify the applicant in writing, with written findings of fact.
9. An interested person (including the applicant, the Select Board, or a neighbor or other person with standing) may appeal the decision of the DRB within 15 days of the decision. The appeal must be in writing, must include a request for a public hearing to consider the appeal, and must be submitted to the DRB with a check for \$30.00 made out to the Town of Sutton. The money will be used to offset the cost of publishing the warning in the Caledonian-Record. Applicants will be notified of the hearing date and time; however, a hearing may be denied by the DRB in accordance with state law.

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10. The DRB has the power to hear the following appeals:

- a. Appeal on the grounds that the ZA's decision was in error;
- b. Appeal for a dimensional variance;
- c. Appeal for a hardship variance.

11. The DRB will hear the appeal at the warned time and place. The DRB shall gather the evidence according to established Rules of Evidence procedures defined in the Vermont Statutes. It is the responsibility of the appellant and other interested parties to provide legible maps, deeds, and other pertinent or required documents.

12. The DRB shall render its decision, including Findings of Fact, within 45 days of the public hearing for the appeal.

NOTE: In order to grant a variance, the DRB must rule favorably on one or more of the following criteria, based on the evidence presented:

- a. That the lot is unique or unusual and that the professed hardship is not created by the provisions of the zoning bylaws;
- b. That the property cannot be developed strictly within the zoning bylaws, and the development is needed to allow reasonable use;
- c. That the professed hardship was not created by the applicant.

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ZONING PERMIT APPLICATION (1/26/15 revision—updated 5/16/16)

The undersigned hereby applies for a zoning permit for the following use, to be issued on the basis of the representations contained herein.

Please fill out ALL FIELDS completely. Please print clearly or type.

Name of landowner _____

Mailing address of landowner _____

Phone # _____ E-mail _____

Name of applicant _____

Mailing address of applicant _____

Phone # _____ E-mail _____

Location of property _____

Purpose of proposed construction (Please indicate with an “X”):

- a. Residence _____
- b. Commercial _____
- c. Group Service _____
- d. Other (indicate): _____

Permission is requested to (Please indicate with an “X”):

- a. Build new _____
- b. Relocate existing _____
- c. Make addition to _____
- d. Other (indicate) _____

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Please indicate with an "X":

- a. Frame house _____ Indicate number of families _____
- b. Mobile home _____
- c. Garage _____
- d. Commercial building _____
- e. Barn _____
- f. Cabin _____
- g. Shed _____
- h. Pool, in ground _____ Pool, above ground _____
- i. Patio/porch/covered porch or deck _____

Dimensions of lot:

- a. Frontage on public road _____ ft.
- b. Frontage on water _____ ft.
- c. Lot depth _____ ft.
- d. Lot area _____ acres

Dimensions of proposed building:

- a. Frontage width _____ ft. Depth _____ ft. Height _____ ft.
- b. Setback from street line (center of road) _____ ft.
- c. Setback from nearest property line (ft.): rear _____ side _____ side _____
- d. First floor area (residence, cabin, mobile home) _____ (square ft.)

Construction of building or facility:

- a. Expected starting date _____
- b. Expected completion date _____
- c. Have arrangements been made for access to the property? **YES** _____
NO _____
- d. Water service? **Yes (indicate type)** _____
NO _____
- e. Waste disposal? **YES (indicate whether septic has ANR permit):** _____
_____ **NO** _____

Limited Access Road Requirement: If you require a limited access road from a town, state, or federal road/highway, you must contact the District 7 Vermont Agency of Transportation: (1068 U. S. Route 5 Suite #2, St. Johnsbury, VT 058190; 802-748-6670.

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911 Information for New Homes: If you are building a new home, you will need a 911 number so that emergency vehicles can find you easily. Please provide the following information:

- Distance from your driveway to closest neighbor's driveway (contact Zoning Administrator to determine this distance): _____
- Name and address (or 911 number) of closest neighbor: _____

- Is your home on the same side or opposite side of the road from your closest neighbor?

Please attach a sketch plan no smaller than 8.5" X 11" that depicts at a minimum:

1. Dimensions of the lot, including existing property boundaries;
2. Location, footprint, and height of existing and proposed structures or additions;
3. Location of existing and proposed easements and rights of way;
4. Existing and required setbacks from property boundaries, road right-of way, surface waters, and wetlands;
5. Location of existing and proposed water and wastewater systems;
6. Description of proposed erosion and sedimentation control measures to be undertaken.

The undersigned hereby agrees that the proposed work shall be done in accordance with the foregoing statements, and in accordance with the Town of Sutton Zoning Ordinance.

Signature of applicant _____ **Date** _____

Signature of land owner _____ **Date** _____

Dated filed with Administrative Officer _____

Please attach a check for \$50.00 payable to the TOWN OF SUTTON (required fee)

Please direct questions to Ronald Trembley, Zoning Administrator (802-467-3069 after 5:30 pm).

ZONING PERMITS ARE VALID FOR ONE YEAR.

CONSTRUCTION MUST COMMENCE WITHIN ONE YEAR.

**Please double check your application to be sure all required field are completed.
Applications will not be processed without all require information.**

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CERTIFICATE OF ZONING COMPLIANCE
(To be completed by Zoning Administrator)

Permit Number: _____

Project Description: _____

Property Owner Name: _____

Property Location: _____

Property Owner Mailing Address: _____

Telephone Number: _____ E-mail: _____

The applicant certifies that the project was constructed in accordance with the above reference zoning permit; is compliant with the setback requirements as indicated on the approved site plan; and that any and all conditions of approval have been met.

Signature of applicant Date

The Zoning Administrator acknowledges that the use of and/or building construction is in reasonable conformity with the zoning permit granted, based upon evidence submitted by the applicant and a visual site inspection.

Signature of Zoning Administrator Date

This certificate does not cover any State approvals. Other approvals and/or final inspections may be required before use of the structure. The applicant is responsible for determining property lines and meeting required setbacks for development.

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**DECISION BY ZONING ADMINISTRATOR AND/OR
DEVELOPMENT REVIEW BOARD**

Decision of Zoning Administrator

This Application is: Approved _____ Denied _____

Referred to the Development Review Board _____

Approved/Denied on the basis of the following determinations of conditions (see attached letter, if applicable):

Signed: _____ Date: _____

Zoning Administrator

Decision of the Development Review Board

Date notice appeared in Caledonia-Record: _____

Approved/Denied on the basis of the following determinations of conditions (see attached letter, if applicable):

Signed: _____ Date: _____

Development Review Board Chairperson

An interested person may appeal any decision by the Administrative Officer to the Development Review Board within 15 days of the date of such decision. This permit SHALL NOT take effect until the time for such appeal has passed.

Following the decision of the Board, a copy of the approved permit will be forwarded to the applicant and the original will be filed in the Town Office.