

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

BUILDING PERMIT APPLICATION PROCESS AND REQUIREMENTS
(Approved 5/24/21)

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 in the Town of Sutton Unified Development Bylaws. Application is submitted to the town clerk with application fee.

If the application is for a Permitted Use and all the information is complete, applicant's permit will be approved, signed by the Zoning Administrator (ZA), and mailed to applicant. The permit shall contain a statement of the period of time within which an appeal may be taken. It is then the applicant's responsibility to post a copy of the notice of permit, in a timely fashion, within view from the public right-of-way most nearly adjacent to the property for which the application is made. Permit notices shall be posted for at least 15 days or until the time for appeal has passed.

3. The Zoning Administrator will refer all conditional use and variance applications to the Development Review Board (DRB). Applicant will then be required to participate in a public hearing where the application will be considered. Hearings are held on the 2nd Monday of each month at 6:00 PM at the Fire Station, 691 Burke Rd., Sutton.
4. All required paperwork in support of the building permit application must be filed with the town clerk at least 21 days before the scheduled hearing.
5. All conditional use and variance permit applicants are required to notify landowners who share a common boundary (including across the road) of their plans, and of the date and time of the public hearing. See accompanying "Zoning and Subdivision Permit Applications: Supporting Information" and "Template for Letter from Property Owner to Abutting Landowners." Applicants are required to submit, with the application, a list of adjacent landowners and copies of all letters.
6. All conditional use or variance application hearings must be warned in the Caledonian-Record newspaper at least 15 days prior to the scheduled hearing.

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

7. 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.
8. 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 Town Clerk 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.
9. 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.
10. 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 applicant and other interested parties to provide legible maps, deeds, and other pertinent or required documents.
11. 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.

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

Parcel Identification—SPAN Number _____ Land Record Book _____ & Pages _____ - _____

BUILDING PERMIT APPLICATION (5/24/21 revision)

The undersigned hereby applies for a 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 _____

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

d. Other (indicate) _____

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 _____
- 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):** _____

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

_____ **NO** _____

Limited Access Road Requirement: If you require a limited access road from a town, state, or federal road/highway, you must request a permit application and submit it to the Town Clerk.

For state ANR water and wastewater permits see informational handout and contact the District 7 Environmental Office: (1229 Portland Street, Suite 201, St. Johnsbury, VT 05819; 802-751-0130).

911 Information for New Homes: If you are building a new home, the Town Clerk will provide 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 (if needed contact ZA or Town Clerk 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 site plan no smaller than 8.5” X 11” that provides the information requested in the “Site Plan Information Requirement.”

Please also attach the following required information:

1. Names and addresses of adjacent property owners.
2. Copies of all letters sent to adjacent property owners.

The undersigned hereby agrees that the proposed work shall be done in accordance with the foregoing statements, all Permit Application requirements, and the Town of Sutton Bylaws.

Signature of applicant _____ **Date** _____

Signature of land owner _____ **Date** _____

Dated filed with Administrative Officer _____

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

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

Please direct questions to Joe Witt, Zoning Administrator (802-467-3790) 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 required information.**

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

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.

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

**DECISION BY ZONING ADMINISTRATOR OFFICER 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 Zoning Administrator 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, and completion of appeal period, a copy of the approved permit will be forwarded to the applicant and the original will be filed in the Town Office.