



**APPLICATION FOR ADMINISTRATIVE PERMIT
FLOOD HAZARD AREA OVERLAY
(PERMITTED USES)
TOWN OF HARDWICK
PO Box 523, Hardwick, VT 05843
(802) 472-6120 Fax (802) 472-3793
Zoning.administrator@hardwickvt.org**

FOR TOWN USE ONLY

Application Number: _____ Tax Map Number _____
 Zoning District _____
 Date Application Received ____/____/____ Fee Paid \$10 (*Recording Fee*) Date Paid ____/____/____

Please provide all of the information requested in this application. Failure to provide all required information will delay the processing of this application. Submit the completed application and a check payable to the *Town of Hardwick* for the \$10 Recording Fee.

Applicant(s):

Name(s): _____
 Mailing Address: _____
 Telephone(s) Home: _____ Work: _____ Cell: _____
 E-Mail: _____

Landowner(s) (if different from applicant(s)):

Name(s): _____
 Mailing Address: _____
 Telephone(s) Home: _____ Work: _____ Cell: _____
 E-Mail: _____

Physical Location of Property (911 address):

Proposed Use/Development in the Flood Hazard Area Overlay (*please check all that apply*):

- Building Utilities
- New or Replacement storage tanks for existing structures
- Non-substantial interior improvements to existing structures (outside of floodway).
- Parking, at grade (outside of floodway)
- Recreational vehicles, parking of
- Replacement of water supply or septic systems
- Other (please describe): _____

Estimated Value of Project: \$ _____

Other Permits Which May Be Necessary:

- State Potable Water and Wastewater Permits - _____
- Town of Hardwick Water and/or Sewer Connection Verification - _____
- Site visit approval **Application cannot be approved until after site visit by the zoning administrator.**

Schedule site visit when completed application is submitted. *Visit Waived* _____

Property Description:

Acreage in lot _____

Feet of Road Frontage _____

Setbacks:	Front _____ (to center of road)	Left Side _____
	Right side _____	Rear _____
	Rivers/Streams _____	Wetlands _____
	Accessory Structure _____	Lakes _____

Dimensions of Existing Buildings:

Existing:

Length _____ No. of Stories _____

Width _____

Height _____

Sketch a floor plan or diagram showing the dimensions of the proposed building, addition or alteration. (This should show the rooms in the inside of the building, including both upstairs and downstairs if there is more than one floor.)

Sketch or attach a general plot plan showing the following:

1. Dimensions of the lot, including existing and proposed property boundaries;
2. The location, footprint, and height of existing and proposed structures and additions;
3. The location of existing and proposed easements, rights-of-way and utilities (including water and sewer);
4. The location and setbacks from property boundaries, rights-of-ways, surface waters, and wetlands;
5. Location and names of roads and streets abutting the property;

Permission to Enter Property & Applicant Certification Signatures

Signing of this application authorizes Town Personnel to enter onto the premises for the purpose of verifying information presented.

The undersigned hereby certifies that the information submitted in this application regarding the above property is true, accurate and complete and that I (we) have full authority to request approval for the proposed use of the property and any proposed structures. I (we) understand that any permit will be issued in reliance of the above representations and will be automatically void if any are untrue or incorrect.

The undersigned understand that additional information, such as a survey of the property or expert testimony may be required for review and consideration of this application by the Zoning Administrator and, that, upon my written authorization, fees for such additional information shall be my responsibility.

The permit will expire and become null and void within 2 years from the date of issuance if the permitted development has not commenced.

Construction may not be started until 15 days from the date of approval.

Signature of Applicant(s) _____ Date _____

Signature of Landowner(s) _____ Date _____

Note: Failure to develop your property in accordance with your application and any conditions of this permit may result in an enforcement action and may affect your ability to sell or transfer clear title to your property.

Appeal from a decision or act of the Zoning Administrator must be made in writing to the Development Review Board, c/o the Town Clerk's Office at the address shown above, with the appropriate fee, within 15 days of the decision or act. Failure to appeal this decision will mean that all interested persons are bound by this decision and will foreclose these persons from contesting this decision either directly or indirectly in the future. **This permit shall not take effect until the time for such appeal has passed.**

Please note that this is only a local permit and state permits may be needed for your project. Please contact the Permit Specialist at the VT Agency of Natural Resources at 1-802-505-5367.

FOR ZONING ADMINISTRATOR USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Referred to the Development Review Board
Date _____ Signature _____		
Remarks and/or Conditions: _____ _____		
Date of Approval or Denial by Development Review Board: _____		
Applicant/Landowner Received a Copy of the Applicable Building Energy Standards: _____ (Date) _____		
Applicant/Landowner Did NOT Need to Receive a Copy of the Applicable Building Energy Standards (Due to the fact that the structure will not be heated or cooled): _____ (Date) _____		