



APPLICATION FOR BUILDING PERMIT

TOWN OF WOLCOTT

PO Box 100, Wolcott, VT 05680

zoning@Wolcottvt.org

PERMIT # _____ Application Date Received _____ Fee Paid _____ Recording Fee _____

Parcel location information

911# _____ Physical location _____ Deed: Book ____ Page _____

Permit applicant information

Name _____ Mailing address _____

City _____ State _____ Zip _____ Phone or Cell# _____

Parcel Owners Information (if different from applicant)

Name _____ Mailing address _____

City _____ State _____ Zip _____ Phone or Cell# _____

Proposed Use: *(please check all that apply)*

New Construction ____ Renovation ____ Accessory Use ____ Change of use ____ Estimated Cost _____

Project Description:

I/We pledge that the information provided is true and accurate to the best of my/our knowledge. I/we also understand that in the event of misrepresentation this application shall be null and void. I/We grant permission to the Zoning Administrator to enter our property for inspection pertaining to this permit.

Landowners

Applicant

FOR TOWN USE ONLY

Parcel ID # _____ Zoning District _____ Acres in Parcel _____ Frontage /Easement _____

Access _____ Building Size sq ft _____ Water & Septic Plans _____ Survey _____ Deed _____

Other Documents needed _____

Site visit ____ Date / Time _____ Remarks _____

Approved Date _____ Effective Date _____ Renewed _____ Expired _____

Denied /Reasons _____

Please draw or attach a site plan sketch with the project location and property setbacks on the reverse side.