



Department of Planning and Zoning

149 Church Street, City Hall
Burlington, VT 05401-8415
Phone: (802) 865-7188
Fax: (802) 865-7195

www.burlingtonvt.gov/pz

Zoning Permit Application

Use this form for ALL zoning permit applications. See the relevant checklist for specific requirements.

PROJECT LOCATION ADDRESS: _____

PROPERTY OWNER*: _____

*If condominium unit, written approval from the Association is also required

APPLICANT: _____

POSTAL ADDRESS: _____

POSTAL ADDRESS: _____

CITY, ST, ZIP: _____

CITY, ST, ZIP: _____

DAY PHONE: _____

DAY PHONE: _____

EMAIL: _____

EMAIL: _____

SIGNATURE: _____

I am the owner. In addition, I duly authorize the applicant (if noted) to act on my behalf for all matters pertaining to this zoning permit application.

SIGNATURE: _____

Description of Proposed Project: _____

Existing Use of Property: Single Family Multi Family: #___ Units Other: _____

Proposed Use of Property: Single Family Multi Family: #___ Units Other: _____

J Does your project involve new construction, addition, alteration, renovation, or repair to a structure that is heated or cooled? Yes No

(If yes, the Vermont Residential/Commercial Building Energy Standards (VRBES/VCBES) apply. Please visit the following links for more information:
http://publicservice.vermont.gov/energy_efficiency/rbes or http://publicservice.vermont.gov/energy_efficiency/cbes)

J Will 400 sq ft or more of land be disturbed, exposed and/or developed? Yes No
(If yes, you will need to submit the 'Erosion Prevention and Sediment Control Plan' questionnaire, with a site plan)

J For Single Family & Duplex, will total impervious area be 2500 sq ft or more? Yes No
(If yes, you will need to submit the 'Stormwater Management Plan' questionnaire, with a site plan)

J Are you proposing any work within, below, or above the public right of way? Yes No
(If yes, you will need to receive prior approval from the Department of Public Works)

J Are you proposing any onsite food or beverage production/manufacturing? Yes No
(If yes, you will need to consult with Water Resources Division at the Department of Public Works: 863-4501)

Estimated Construction Cost (value)*: \$ _____

(*Estimated cost a typical contractor would charge for all materials and labor, regardless of who physically completes the work)

Within 30 days of submission, the permit application will be reviewed for completeness, and, if complete, will be processed administratively or referred to a board for review. All permit approvals or denials are subject to an appeal period (15 days for administrative permit; 30 days for board permit). A building (and/or electrical, mechanical, plumbing, curb cut) permit will also be required. Contact the Department of Public Works at 802-863-9094 to inquire. Please ask for assistance if you have any questions about filling out this form. Call the Planning and Zoning at 802-865-7188, or visit the office in the lower level of City Hall, 149 Church Street.

Office Use Only: Zone: _____ Eligible for Design Review? _____ Age of House _____ Lot Size _____

Type: SN ___ AW ___ FC ___ BA ___ COA 1 ___ COA 2 ___ COA 3 ___ CU ___ MA ___ VR ___ HO ___ SP ___ DT ___ MP ___

Check No. _____ Amount Paid _____ Zoning Permit # _____