

TOWN OF ST. ALBANS
APPLICATION FOR SHORELAND ZONE PERMIT

The undersigned applies for a permit for the following use(s), said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all of the information contained within this application is true.

Note : If approval of this application requires Planning Board review, in order to be placed on the Board's Agenda it must be submitted no later than 10:00 a.m. seven (7) days in advance of the Board's meeting.

ALL REQUESTED INFORMATION MUST BE COMPLETED IN FULL DETAIL

If owner and applicant are different, attach owner's signed and dated authorization to proceed.

<u>Applicant Information</u>
Name _____
Address _____ _____
Tele # _____

<u>Property Owner Information</u>
Name _____
Address _____ _____
Tele # _____

<u>Property Information</u>			
Location of property _____			
Tax Map # _____	Lot # _____	Lot Width : _____	Lot Depth : _____
If part of approved subdivision give name : _____			
Current Use of Property <u>Seasonal</u> <u>Year Round</u> <u>None</u>			
Shoreland Zoning District _____			
Type of Sewage Disposal System <u>Existing</u> <u>Proposed</u>			
Is Property located in a designated Flood Hazard Area (as delineated on FEMA map)			
<u>Yes</u> _____	<u>No</u> _____	<u>If yes, provide flood elevation certificate (if applicable)</u> _____	

Owner's Signature _____

Date _____

Application Information

Proposed use of property Seasonal Year Round None

This application is for the following :

- a) Construction or placement of residence : _____
- b) Construction or placement of accessory structure : _____
- c) Construction of addition or expansion of existing structure : _____
- d) % of expansion if structure to be enlarged is non-conforming : _____
- e) Clearing of vegetation for approved construction : _____
- f) Installation of private sewage disposal system : _____ (attach system design)
- g) Placement of pier or dock : Temporary Permanent
- h) Filling or Earth Moving of : Less than 10 cu. yds More than 10 cu. yds.
- i) Other (explain) : _____

Percentage of lot to be unvegetated following development under this proposal : _____

Structures - Exterior dimensions (length and width)

<u>Existing</u>	<u>Proposed (after construction)</u>
Residence ___ by ___ # of Stories	Residence ___ by ___ # of Stories
Garages ___ by ___ # of Stories	Garages ___ by ___ # of Stories
Other _____ by ___ # of Stories	Other _____ by ___ # of Stories

Sketch Plan : YOU MUST attach a signed sketch plan of your lot indicating the proposed use(s) of the lot on a scaled drawing, or a site plan prepared by a surveyor or architect. Please indicate the following : lot dimensions, names of abutting property owners, name and location of any abutting rights of way (public or private), and the location of any bodies of water and the distances from those bodies of water to any existing or proposed structures. Also include: exact location of all existing or proposed structures and the distances from those structures to the nearest property lot line, the location of any existing or proposed sewage disposal system, water supply, areas to be cleared (if applicable) and areas to be cut, filled and or graded (if applicable).

Attachments : Attach a copy of any Plumbing Permits issued for this property, and any official decisions (including any permits issued) of any other State, Federal or local agencies regarding the use of this property (including any previous permits issued by the Town of St. Albans).

TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND CORRECT. PROPOSED USES WILL CONFORM TO THE APPLICATION AND TO THE TOWN OF ST. ALBANS SHORELAND ZONING ORDINANCE .

NOTE: FOR INSPECTION PURPOSES THE PLANNING BOARD REQUIRES THE APPLICANT TO POST A SIGN ON THE PROPERTY NEAR THE ROAD IDENTIFYING THE PROPERTY BY TAX MAP & LOT NUMBER.

IN SIGNING THIS, I GIVE PERMISSION FOR ANY PLANNING BOARD MEMBER, BOARD OF APPEALS MEMBER, OR THE CODE ENFORCEMENT OFFICER TO VISIT MY SITE FOR THE PURPOSE OF INSPECTING IT TO SEE WHAT THE APPLICANT INTENDS TO DO, PURSUANT TO THE APPLICATION PRESENTED.

S
Owner's Signature _____

Date _____

This page is included for the Owner/Applicant to provide a sketch plan of the property. YOU MUST sign this sketch plan of your lot. YOU MUST indicate the proposed use(s) of the lot on a scaled drawing, or provide a site plan prepared by a surveyor or architect. YOU MUST include the following information : lot dimensions, names of abutting property owners, name and location of any abutting rights of way (public or private), and the location of any bodies of water and the distances from those bodies of water to all existing or proposed structures. YOU MUST include the exact dimensions and location of all existing or proposed structures and the distances from those structures to the nearest property lot line, to the location of any existing or proposed sewage disposal system, to the water supply, and to any water bodies. YOU MUST show the areas to be cleared (if applicable) and the areas to be cut, filled and or graded (if applicable).

PROPERTY OWNER'S NAME

TAX MAP# LOT#

**IF NO SKETCH IS PROVIDED
WE WILL BE UNABLE TO ISSUE A PERMIT**

Owner's Signature _____

Date _____

**PLEASE, PROMPTLY, POST THIS PAGE AT FRONT OF
PROPERTY SO AS TO BE VISIBLE FROM STREET. FILL
IN MAP AND LOT NUMBERS WITH MAGIC MARKER.**

MAP#

LOT#
