

Date Submitted: _____

Date Accepted: _____

~ ~ Town of Calais Project Registration Form ~ ~
3120 Pekin Brook Road, East Calais, VT 05650

This form is for proposed projects that do not require a Zoning Permit Application, but must still demonstrate conformance with other requirements, such as the Calais Land Use and Development Regulations as to dimensional standards for the Zoning and Overlay District(s) in which they are proposed.

Applicant: _____

Property Owner: _____

Address: _____

Property Address: _____

Phone (H) _____ **(W)** _____ **(Cell)** _____

Email Address: _____

Parcel Number: _____ **SPAN:** _____ **Tax Map #** _____

Acreage: _____ **Road or Right of Way Frontage:** _____

Zoning District: _____ **Overlay District:** _____

A. Proposed Project

Please check or circle which of these define your project:

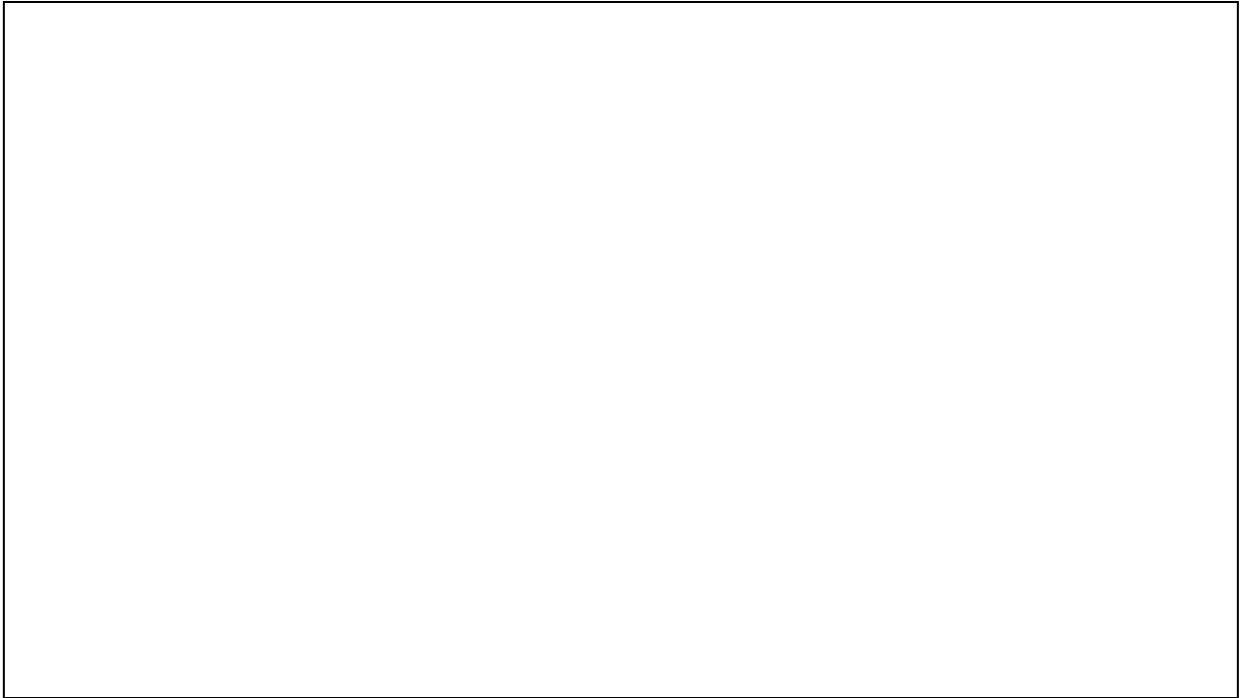
1. Accessory Buildings
2. Farm Structures
3. Driveways not associated with buildings or change of location of a driveway

Describe the Proposed Project – Include footprint(s) and dimensions of proposed construction.

B. Existing Structures and Boundaries

Describe or sketch where this project will be placed in relation to:

1. Existing Structures
2. Property Line of abutting properties
3. Right of Ways [ROW] to roads, easements, or driveways.



C. Permission to Enter Property & Applicant Certification Signatures

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

The undersigned hereby certifies that the information submitted in this application regarding the 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 acceptance of a proposal following this review is in reliance on the above representations and will be automatically void if any representations are untrue or incorrect.

THIS REGISTRATION FORM MUST BE SIGNED BY ALL OWNERS OF THE PROPERTY

Signature or Owner(s) of Property

_____ Date: _____

_____ Date: _____

Signature of Applicant (if different from property owner)

_____ Date: _____

_____ Date: _____

Zoning Office Use Only

D. Zoning Administrator Action on Project Review

Zoning Administrator Approval

Signature: _____ Date: _____