

FEE:

Application Number
CofU-

**TOWN OF BARRE, VERMONT
APPLICATION FOR CHANGE OF USE**

The Undersigned hereby requests a Change of Use permit for the following use to be issued on the basis of all representations contained herein. Permit voided in the event of misrepresentations or failure to undertake construction within 365 days of the date of approval

Name of Landowner: _____ Mailing Address: _____

Name of Applicant: _____ Mailing Address: _____

Location of Property: _____ Phone # H- _____ W- _____

Email: _____

Zone: _____ Parcel ID# _____

EXISTING USE: (i.e.: single family dwelling, commercial use) _____

PROPOSED USE: _____

WILL THERE BE ADDITIONAL MUNICIPAL OR SITE SERVICES:

WATER FLOW: YES _____ NO _____ **SEWER USAGE:** YES _____ NO _____

IF CONSTRUCTION IS REQUIRED PLEASE SUBMIT AN APPLICATION FOR BUILDING PERMIT

WARNING

STATE PERMITS MAY BE REQUIRED FOR THIS PROJECT. CONTACT A PERMIT SPECIALIST AT 802-476-0195 BEFORE BEGINNING YOUR PROJECT

IF THE APPLICANT WISHES TO CHANGE PLANS, HE/SHE MUST OBTAIN APPROVAL OF THE ZONING ADMINISTRATOR. THIS CAN BE DONE IN PERSON OR BY MAIL, NOT OVER THE PHONE. ANY AMEMDMNT MUST BE DONE WITHIN 6 MONTHS OF THE APPROVAL DATE AND MAY REQUIRE AN ADDITIONAL RECORDING FEE.

ALSO BE ADVISED THAT THE TOWN OF BARRE HAS A MORATORIUM ON DIGGING WITHIN A TOWN RIGHT-OF-WAY AFTER OCTOBER 31ST. YOU SHOULD PLAN YOUR PROJECT ACCORDINGLY

THE APPLICANT AUTHORIZES TOWN AGENT(S) TO ENTER PROPERTY TO INSPECT PROJECT UNTIL CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.

Other permits applied for recently or with this request (please check those that apply)					
DRB/ Planning Commission	Driveway	Water Tap-on	Sewer Tap-on	On-site Septic	Other (please explain)

The undersigned certifies they have read and agree to all of the above information.

Signature of applicant: _____ Date _____

Signature of Landowner _____ Date _____
(if different) (approval can not be granted without landowner's signature)

DRB / PC APPROVAL NEEDED: YES / NO _____ APPROVAL / DENIED DATE: _____
NUMBER SEWER ALLOCATIONS ALLOWED: _____
APPROVED BY: _____ DATE: _____ PAYMENT: _____