

Contact the Zoning Administrator [westfieldzoning@gmail.com](mailto:westfieldzoning@gmail.com) or 802-715-3077 before submitting this form



**TOWN OF WESTFIELD**  
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Westfield, VT 05874  
Phone: 802.744.2484  
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[westfieldzoning@gmail.com](mailto:westfieldzoning@gmail.com)  
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**ADMINISTRATIVE USE ONLY**

Fee Rec'd/ Check #	Application Number
Date submitted to Town	Date Complete to ZA
Date Posted	Date to record

**Submit a plot or sketch to show locations of easements, rights-of-way, land alterations, waterways & wetlands, existing & proposed structures, water & sewage systems, driveways & roads.**

**APPLICATION FOR ZONING PERMIT**

- CONSTRUCTION (OR DEMOLITION)
- CHANGE OF USE
- LAND SUBDIVISION
- BOUNDARY LINE ADJUSTMENT
- AGRICULTURAL STRUCTURE (recording fee only)

**APPLICANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**OWNER (if different)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**PROJECT INFORMATION**

Project Location: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Current use: \_\_\_\_\_ Proposed use: \_\_\_\_\_

Warranty Deed Book \_\_\_\_\_ Page \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Abutting property owners: \_\_\_\_\_

Describe proposed development: \_\_\_\_\_

**PROPOSED ADDITION OR NEW STRUCTURE INFORMATION**

Proposed structure:  NEW                      Dimensions Length: \_\_\_\_\_

ADDITION                      Width: \_\_\_\_\_

REBUILD/RENOVATION                      Height at peak: \_\_\_\_\_

Setback from	Edge of right of way	Rear boundary	Left boundary	Right boundary

**I hereby certify the information in this application (including attachments) is true and correct. Any changes or revisions after issue, or misrepresentations will automatically void such permit.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application/Permit #: \_\_\_\_\_ Administrative Decision:  Approved  Denied**

Permit approval is subject to the conditions specified below and is valid (except if appealed) beginning on: \_\_\_\_\_ and the project must be substantially commenced by \_\_\_\_\_

Signed \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Must comply with all applicable State and Federal regulations. Please use the permit navigator at <https://vermont.force.com/permitnavigator/s/> to determine what state permits your project will require, including potable and wastewater supply. All new construction projects are required to meet residential or commercial building energy standards under Act 89. Construction of a driveway on a State Highway requires an access permit from the Vermont Dept of Transportation. Construction of a driveway on a town road requires a permit from the Town Road Foreman. An E911 address is assigned after driveway is completed.

**\*\*An interested party may appeal any decision by the Administrative Officer, within 15 days of the date of such decision to the Zoning Board of Adjustment.\*\***

Board hearing required: Y \_\_\_ or N \_\_\_ Date of hearing: \_\_\_\_\_ Board Decision:  Approved  Denied

Notes: