

Town of Hyde Park
PO Box 98
Hyde Park, VT 05655-0098
(802) 888-2300

MUNICIPAL PERMIT APPLICATION

Permit # _____ Fee \$ _____
Parcel ID # _____

Type of approval:
Building ___ Site Plan ___ Subdivision ___ Appeal ___ Variance ___ Clustered Development ___
Conditional Use ___ Boundary Line Adjustment ___ Planned Unit Development ___ Sign ___

Town: _____ Village: _____ Zoning District: _____ Overlay District _____

Property Owner: _____ Address: _____

Telephone _____ Email _____ Cell phone _____

Applicant: _____ Address: _____

Telephone _____ Email _____ Cell phone _____

Physical location of property (911 address if available):

Describe the proposed project:

Size of lot: _____ Dimensions of structure(s): _____
Frontage on road: _____ Setback from centerline of road: _____
Side yard setbacks _____ Rear yard setback _____
Height of structure _____

Please include a plan, drawn to scale, including all structures, landscaping, driveways, parking and loading areas, septic system, lighting, and the distance of those features from property lines and roads.

Please include a list of adjoining property owners and addresses, including across a street or right of way.

Signature of Owner

The Municipal Permit Application is:

APPROVED: _____ DENIED: _____

This Permit shall take effect on: _____, and will expire 2 years after the effective date.

Municipal Services Coordinator Date