



Town of St. Albans  
 Office of the Zoning Administrator  
 P.O. Box 37  
 St. Albans Bay, VT 05481  
 (802) 527-1672 ext. 103  
[b.perron@stalbanstown.com](mailto:b.perron@stalbanstown.com)

**APPLICATION FOR BUILDING/ZONING PERMIT AND DRB COVER PAGE**

**ZONING DISTRICT(S):** \_\_\_\_\_

**FLOOD HAZARD OVERLAY:**     YES         NO

**911 ADDRESS OR LOCATION:** \_\_\_\_\_

**ROAD FRONTAGE (IN FEET):** \_\_\_\_\_ **ACREAGE:** \_\_\_\_\_

**OWNER(S) OF RECORD:** \_\_\_\_\_

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**ESTIMATED COST OF PROPOSED DEVELOPMENT:** \_\_\_\_\_

**DOES THIS PROJECT REQUIRE MUNICIPAL WATER OR WASTEWATER?**    YES     NO

PRINT OR TYPE & BE AS ACCURATE AS POSSIBLE.  
 INCOMPLETE INFORMATION MAY DELAY YOUR APPLICATION.

**PLOT TO SCALE ON A SEPARATE PIECE OF PAPER:**

- 1) THE LOT
- 2) THE PROPOSED BUILDING IMPROVEMENTS
- 3) DIMENSIONS IN FEET OF ALL IMPROVEMENTS BEING REQUESTED
- 4) SHOW DISTANCES IN FEET FROM PROPOSED STRUCTURE(S) TO SIDE & REAR BOUNDARIES, CENTER OF ROAD, TO THE 95.5 MEAN WATER MARK FOR LAKE PROPERTIES AS WELL AS DISTANCES TO OTHER STRUCTURES CURRENTLY OR PROPOSED TO BE ON THE LOT. LABEL ROADS CLEARLY.
- 5) MARK "N" AT COMPASS POINT INDICATING NORTH.

**REMARKS/REQUESTS:**

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**Property Owner's Acknowledgement:** As the owner of the property described above, I hereby apply for a permit to make a change in the use or undertake the development described on this form. I understand that if this application is approved, I must post notice within view from the public right of way most nearly adjacent to the subject property for 15 days. I understand that VT law allows the Zoning Administrator 30 days to issue or deny a permit. The information and representations contained in this application are true and accurate to the best of my knowledge. Your signature below constitutes permission for on-site inspection of the property described on this application.

ALTHOUGH THE TOWN OF ST. ALBANS HAS NOT ADOPTED BUILDING CODES, STATE STATUTE REQUIRES A MUNICIPALITY TO PROVIDE AN APPLICANT WITH THE RESIDENTIAL BUILDING ENERGY STANDARDS OR COMMERCIAL BUILDING ENERGY STANDARDS. THESE STANDARDS CAN BE FOUND WITHIN THE FOLLOWING:

Residential:

[https://publicservice.vermont.gov/sites/dps/files/documents/Energy\\_Efficiency/RBES/2015\\_VT\\_Energy\\_Code\\_Handbook\\_V4.1.pdf](https://publicservice.vermont.gov/sites/dps/files/documents/Energy_Efficiency/RBES/2015_VT_Energy_Code_Handbook_V4.1.pdf)

Commercial:

[http://publicservice.vermont.gov/energy\\_efficiency/cbes](http://publicservice.vermont.gov/energy_efficiency/cbes)

YOU MUST CONTACT A PERMIT SPECIALIST AT THE VT DEPT. OF ENVIRONMENTAL CONSERVATION TO OBTAIN INFORMATION REGARDING VT STATE PERMITTING REQUIREMENTS AT (802) 477-2241.

\_\_\_\_\_  
SIGNATURE(S) OF OWNER(S) OF RECORD

PHONE #: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE(S) OF OWNER(S) OF RECORD

PHONE #: \_\_\_\_\_

MAILING ADDRESS

FOR TOWN USE ONLY

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PARCEL ID. #: \_\_\_\_\_ APPLICATION : \_\_\_\_\_

CERTIFICATE OF COMPLIANCE REQUIRED?  YES  NO

APPLICATION:  APPROVED

PERMIT VALID: \_\_\_\_\_

REJECTED

PERMIT EXPIRES: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

ISSUED TO: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
ZONING ADMINISTRATOR

		DATE	RCVD. BY	HEARING DATES
RECORDING FEE	\$ _____	_____	_____	
DRB FEE	\$ _____	_____	_____	
ZONING PERMIT	\$ _____	_____	_____	
PENALTY	\$ _____	_____	_____	
IMPACT FEE	\$ _____	_____	_____	
TOTAL FEE PAID	\$ _____	_____	_____	

TOWN REMARKS/CONDITIONS OF APPROVAL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_