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TOWN OF HERTFORD ZONING PERMIT PERMITTED USE/CONDITIONAL USE

Permit No. _____

Date _____

Upon application of _____ permission is hereby granted to _____, as owner, to (alter, erect, repair) a building described as follows _____

The building is located at: _____ Parcel Number (Map Number) _____ Lot dimensions _____ Zoning District _____ Front Setback _____ Side Setback _____ Rear Setback _____ Existing use of building or land _____ Proposed use of building or land _____ Square feet of floor space _____ Number of families building to accommodate _____ Existing use of neighboring properties _____

Town Water _____ Town Sewer _____ Septic Tank Permit No. _____ Capacity Fee: Town Water [] Yes [] No Town Sewer [] Yes [] No Total Due _____ Additional Information _____

Board of Adjustment approval is required for Conditional Uses. Attach Conditional Use Permit or minutes of the meeting at which approval was given and list any conditions of approval.

This building is to be altered, erected, or repaired in accordance with the restrictions in force as applied to the zone in Hertford in which the property is located and the GENERAL BUILDING LAWS OF THE STATE and the zoning provisions as adopted by the Town of Hertford. This permit is valid for six (6) months. Compliance with building regulations is the responsibility of the undersigned applicant.

Capacity Fees must be paid in full prior to approval of this permit.

Signature _____ (Applicant)

Any changes in construction as specified will be subject to prior notification to the Building Inspector and Zoning Administrator.

Signature _____ (Zoning Administrator)



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_____ (Building Inspector)