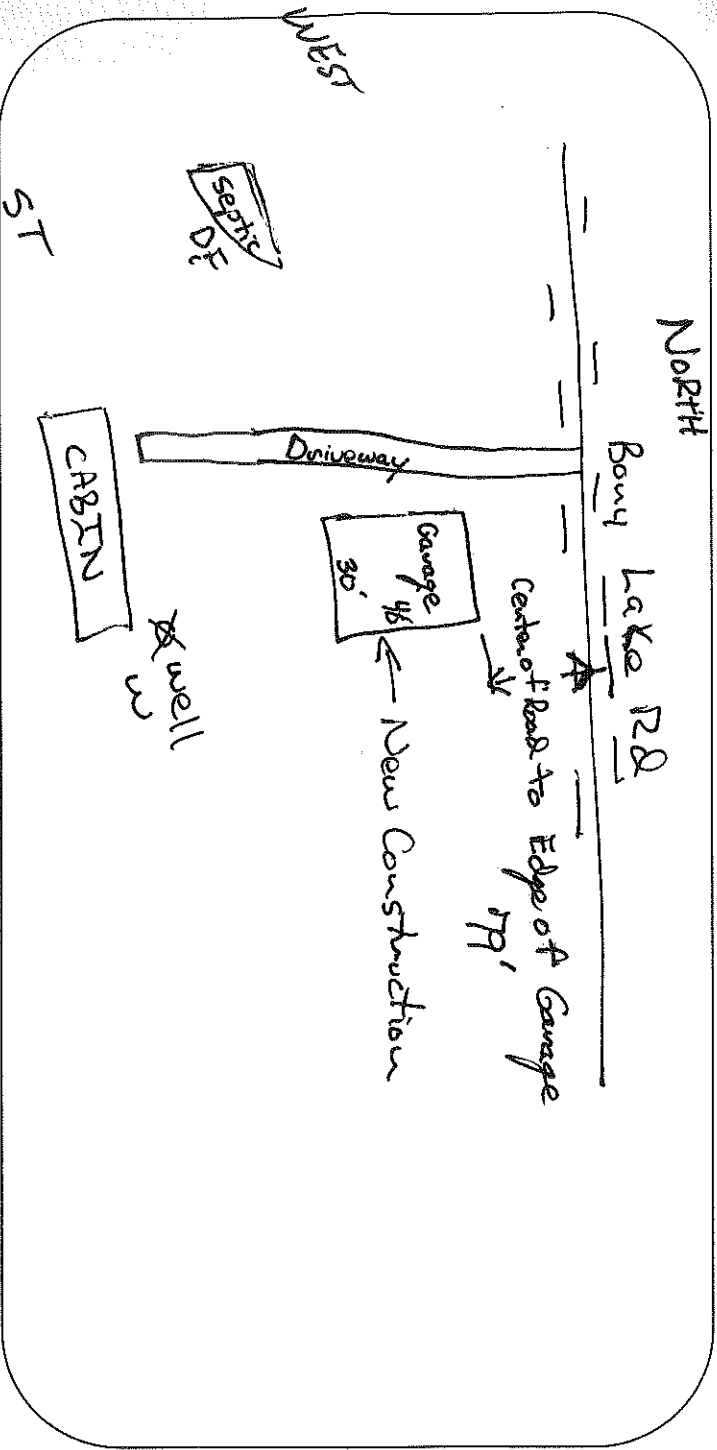


Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

South

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	79 Feet	Setback from the Lake (ordinary high-water mark)	380 Feet
Setback from the Established Right-of-Way	49 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	71 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	312 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	48 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	62 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	+25 Feet	Setback to Well	NA Feet
Setback to Drain Field	+25 Feet		
Setback to Privy (Portable, Composting)	+25 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 16-03228	Permit Date: 9-21-16			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached

Inspector Record: **OK**

Date of Inspection: **9-20-16** Inspected by: **AK**

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

OK to Start

Signature of Inspector: **AK**

Hold For Sanitary: Hold For TIA: Hold For Affidavit: Hold For Fees:

Date of Re-Inspection: **RS**