

**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)

Signature _____ (Building Inspector)