

**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)