

**INFORMATION FOR ZONING PERMITS APPLICANTS**

**TOWN OF MORGAN, VT**

**ELIZABETH TORPEY – ZONING ADMINISTRATOR**

Phone: 802-895-3013

Cell: 802-323-3235

morganzoning@gmail.com

1. Familiarize yourself with the Zoning Bylaws before applying for a permit.  
Copies are available at the Town Clerk's office.
2. The application fee (see attached) must accompany this application. The fee will  
Be returned only if the application is withdrawn.
3. If the parcel you plan to develop is less than 10 acres, it must be approved by the office  
Of the District Coordinator for District Environmental Commission #7
4. For property within 250 feet of Lake Seymour, a percolation test must be performed by an  
Engineer registered in Vermont or a site technician.
5. Indicate the location of the septic tank and the leach field on an attached plot plan.  
Contact the State of VT Agency of Natural Resources, Wastewater Management  
Division for state requirements (802-751-0130)
6. This application will be denied or approved with 30 days of the date of application.
7. A permit will not take effect until 15 days after issuance. A copy of your permit will be  
Posted in the town clerk's office during this.
8. You may appeal a decision of the Administration Office. Such appeal must be made within  
15 days after its issuance. A copy of your permit will be posted in the Town Clerk's  
Office.
9. Construction must be commenced within 6 months of the issuance of the permit and, within  
24 months the structure must be completed or suitable for occupancy or new permit must be obtained
10. All incomplete applications will be returned to the applicant.
11. The Town Clerk or the Zoning Administrator will answer individual questions.

RESIDENTIAL #1 – (Accessory Use/Structure/Decks/Sheds)	\$ 40.00
RESIDENTIAL #2 – (Principal Use/ Structure)	\$ 115.00
INDUSTRIAL/COMMERCIAL	\$ 165.00
HEARING FEES – (Variances or Conditional Use)	\$ 65.00

**SUB DIVISION PERMIT FEES:**

1 to 3 lots (Per lot)	\$65.00
4 or more lots (Per lot)	\$85.00

***ANY PERMIT ACCOMPANIED BY A MYLAR MAP TO BE RECORDED, AN ADDITIONAL PRICE NEEDS  
TO BE ADDED AS FOLLOWS:***

11" X 17" (Per Sheet)	\$ 15.00
18" x 24" (Per Sheet)	\$ 15.00
24" x 26" (Per Sheet)	\$ 15.00

Permit # \_\_\_\_\_

**TOWN OF MORGAN  
APPLICATION FOR ZONING PERMIT**

Elizabeth Torpey – Zoning Administrator – phone: (802) 323-3235/( 802)-895-3013  
morganzoning@gmail.com

The undersigned hereby applies for a zoning permit for the following use, to be issued on the basis of the representations contained herein, all of which the application swears to be true.

Applicant

Landowner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Location of Property: 911# \_\_\_\_\_

Morgan Tax Map: Page # \_\_\_\_\_ Parcel # \_\_\_\_\_

Morgan Grand List Parcel # \_\_\_\_\_

Deed Recorded: Vol. # \_\_\_\_\_ Page(s) \_\_\_\_\_

Survey Map Available? Yes \_\_\_\_\_ No \_\_\_\_\_ Book # \_\_\_\_\_ Page # \_\_\_\_\_

Nature of Work: New Construction \_\_\_ Structural Alteration \_\_\_ Other \_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Area Dimensions: Lot Size \_\_\_\_\_ Lot Length \_\_\_\_\_ Lot Width \_\_\_\_\_  
Distance between building lines and lot lines:

Front: \_\_\_\_\_ Side: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

NOTE: A general plot plan showing the layout of the property and buildings or work areas (including septic system and well or spring) must be attached to this application.

\_\_\_\_\_  
Signature of Applicant Date of Application

DECISION OF ADMINISTRATION OFFICER

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit # \_\_\_\_\_

Approval \_\_\_\_\_ Denied \_\_\_\_\_

Referred to: Planning Commission \_\_\_\_\_ Board of Adjustment \_\_\_\_\_

Date Acted Upon: \_\_\_\_\_ Date Permit Becomes Effective: \_\_\_\_\_

NOTE: An interested person may appeal a decision of the Administrative Officer within fifteen (15) days of the date of such decision. This permit shall not take effect until the time for such appeal has passed.

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**Signature of Administrative Officer**

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**Date of Issuance**