



# GEORGIA VERMONT

## APPLICATION FOR SEASONAL DWELLING CONVERSION

*Pursuant to Article 6, Section 6.10, of the Town of Georgia Development Regulations, the undersigned hereby makes application to convert a seasonal dwelling to a year round dwelling. The applicant hereby swears and affirms that all the information and representations made are true and accurate. Permit is issued based on accuracy of information provided; if false or inaccurate, permit may be revoked.*

### SECTION 1: APPLICANT INFORMATION

Owner(s)	_____	Applicant(s)	_____
		(If different from owner)	
Mailing	_____	Mailing	_____
Address:	_____	Address:	_____
Telephone:	_____	Telephone:	_____

### SECTION 1A: PROPERTY OWNER'S AUTHORIZATION (only if applicant is other than owner):

The undersigned property owner hereby certifies that the information submitted in this application regarding the property is true, accurate and complete and that the Applicant has full authority to request approval for the proposed use of the property and any proposed structure.

Date: \_\_\_\_\_ Owner's Signature: \_\_\_\_\_

### SECTION 2: PROPERTY IDENTIFICATION

911 Address: \_\_\_\_\_  
Parcel #: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

### SECTION 3: PROPERTY DIMENSIONS

Please submit sketch or plans showing the following:

Lot Size: \_\_\_\_\_ Lot Frontage: \_\_\_\_\_ Lot Depth: \_\_\_\_\_

### Current setbacks for all structures located on the subject parcel:

Front yard setback (from center of roadway): \_\_\_\_\_  
Rear yard setback: \_\_\_\_\_

47 Town Common Road North • St. Albans, VT 05478

• Phone: 802-524-3524 • Fax: 802-524-3543 • website: townofgeorgia.com

Shoreline setback (if applicable): \_\_\_\_\_  
Right side yard setback: \_\_\_\_\_  
Left side yard setback: \_\_\_\_\_

Dimensions of all structures located on the subject parcel:

Total square footage: \_\_\_\_\_  
Number of floors: \_\_\_\_\_  
Structure height: \_\_\_\_\_  
Number of bedrooms: \_\_\_\_\_  
Number of bathrooms: \_\_\_\_\_  
Number of off-street parking spaces available: \_\_\_\_\_

**SECTION 4: SEPTIC SYSTEM:** *Article 6, Section 6.10, of the Town of Georgia Development Regulations requires that the property shall conform to all current State regulations regarding wastewater disposal and potable water supply. Applicants must contact a State Permit Specialist at 802-879-5676 to determine State permit requirements.*

Please check one of the following:

\_\_\_\_\_ State Wastewater and Potable Water Supply Permit is required.  
State permit number: \_\_\_\_\_  
Date issued: \_\_\_\_\_

\_\_\_\_\_ State Wastewater Exemption issued. Date: \_\_\_\_\_

**SECTION 5: ACCESS:** The property shall have adequate access in accordance with Town ordinances. A letter from the Georgia Fire Chief indicating adequate emergency access must be provided.

\_\_\_\_\_ Letter received. Date: \_\_\_\_\_

**SECTION 6: AFFIRMATION:**

The undersigned applicant hereby affirms that the information presented in this application is true, accurate, and complete.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF CO-APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPACT FEE:**

*Pursuant to the Town of Georgia Impact Fee Ordinance, an impact fee is required for the conversion of a seasonal dwelling to a year round dwelling. Section 6 of said Ordinance requires that an impact fee be imposed upon "any person who...seeks to develop land by applying for a zoning permit for...an improvement to buildings which may reasonably be expected to increase the demand for the public services provided by the cost centers." Section 7 (4) of said Ordinance states that "in the case of a change of use...the impact fee shall be based upon the net positive increase of the impact of the new use as compared to the previous use." Therefore, applicants must pay an impact fee to the Town of Georgia in the amount of \$1,165.00. Said fee is equal to the school portion of the required impact fee for a year-round dwelling.*

**CERTIFICATE OF OCCUPANCY:**

Applicants must obtain a Certificate of Occupancy from the Zoning Administrator prior to the occupancy of the dwelling on a year-round basis. A Certificate of Occupancy will be issued only upon fulfillment of the foregoing requirements.

No future land development, including but not limited to the construction, reconstruction, structural alteration, relocation, or enlargement of any structure, shall commence except in conformance with the regulations. Conformance shall be evidenced by securing applicable municipal land use approvals and/or permits, as well as applicable state and federal approvals and/or permits.

**SECTION 7: DECISION/ACTION TAKEN (for Town use only):**

**Zoning Fee Paid:** \_\_\_\_\_

**Impact Fee Paid:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Denied:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Permit Valid:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

Douglas Bergstrom  
Zoning Administrator

*Pursuant to Title 24 VSA, Section 4465, this permit expires one year from date of issue and may be extended one additional year upon application to the Zoning Administrator prior to the date of expiration.*