



**DEMOLITION OF STRUCTURES
NOTIFICATION**

Town of Hardwick

PO Box 523, Hardwick, VT 05843

(802) 472-1686

zoning.administrator@hardwickvt.org

FOR ADMINISTRATIVE USE ONLY

Application Number: _____ Tax Map Number _____
Zoning District _____
Date Notification Received ___/___/___ Recording Fee Paid \$ _15.00__

Please provide all of the information requested in this notification. Submit the completed notification and a \$15 recording fee (checks should be payable to the *Town of Hardwick*) to the Zoning Office.

Applicant(s):

Name(s): _____
Mailing Address: _____
Telephone(s) Home: _____ Work: _____ Cell: _____
E-Mail: _____

Landowner(s) (if different from applicant(s)):

Name(s): _____
Mailing Address: _____
Telephone(s) Home: _____ Work: _____ Cell: _____
E-Mail: _____

Physical Location of Property (911 address):

Please sketch a map indicating the location of the structure which will be demolished:

Per Section 3.2 of the Hardwick Unified Development Bylaws:

Section 3.2 Damaged Structures

(A) No zoning permit is required for stabilization of damaged structures to prevent hazards to public health or safety, or to adjoining properties, structures or uses (e.g. fire collapse, squatting); nor for the timely repair or reconstruction of damaged structures to the extent of their prior condition and use, provided such stabilization, repair or reconstruction occurs within 12 months of the date the structure is damaged. Reconstruction that results in changes in density, dimension or use under applicable provisions of these regulations shall require a zoning permit issued in accordance with Section 7.1.

(B) If an owner has not stabilized, repaired or reconstructed a structure that has been demolished, destroyed, or substantially damaged within 12 months of the date of damage or demolition, and the structure is determined by the Town Health Officer to present a hazard to public health and safety, the owner shall remove all materials from the site, restore the site to a normal grade and establish ground cover sufficient to prevent erosion.

Signatures

The undersigned hereby certifies that the information submitted in this notification regarding the above property is true, accurate and complete and that I (we) have full authority to request approval for the proposed use of the property and any proposed structures. I (we) understand that any agricultural structural exemption will be issued in reliance of the above representations and will be automatically void if any are untrue or incorrect.

This notification is void if the development under this notification is not begun within two years of the date of approval.

Signature of Applicant(s) _____ Date _____

Signature of Landowner(s) _____ Date _____

Appeal from a decision or act of the Zoning Administrator must be made in writing to the Development Review Board, c/o the Town Clerk's Office at the address shown above, with the appropriate fee, within 15 days of the decision or act. Failure to appeal this decision will mean that all interested persons are bound by this decision and will foreclose these persons from contesting this decision either directly or indirectly in the future.

Please note that this is only a local permit and state permits may be needed for your project. Please contact the Permit Specialist at the VT Agency of Natural Resources at (802) 477-2241 or jeff.mcmahon@vermont.gov

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{ } Accepted { } Denied

Date _____ Signature _____

Remarks and/or Conditions: _____

Applicant given Christopher Kinnick's contact information and the Asbestos Fact sheets: Christopher.Kinnick@vermont.gov or 802-863-7382. _____ (ZA initials)