

Vermont Agency of Agriculture, Food & Markets Water Quality Division

Questions about this form? Please call: (802) 828-2431

Farm Structure and/or Alternative Setback Request Form Farm/Business Name: Owner/Operator Name: House/Barn Phone: Cell Phone Number: Email Address: Mailing Address: Main Farm E911 Address: What is your preferred method of communication with the Vermont Agency of Agriculture, Food & Markets (VAAFM)? Fax #____ Email United States Postal Service A. FARM STRUCTURE DESCRIPTION: Briefly describe the proposed structure and its proposed use. (Feel free to attach additional documents as needed.) **B. TOWN REGULATIONS** In what **town** is the proposed structure located? In what **zoning district** would the structure be located? What is the municipal Zoning Official's **name**? What is the municipal Zoning Official's **phone** #? What is the municipal Zoning Official's email address? What is the municipal Zoning Official's mailing address? Have you **notified the town in writing** of the proposed construction? **NOTE**: You are required to notify the town in writing before initiating construction. Per RAP Yes Section 9 written notification must contain a sketch of the proposed structure including setback distances from adjoining property lines, road rights-of way, and adjacent surface waters. Please attach a copy of your letter to the town when

submitting this form to VAAFM.

Wha	at are the locally regula	ited setbacks?				
Wil	l this structure meet t	he locally regulated setback	s, as described above?			
Yes No		If NO go to C (Altern	If NO go to C (Alternate Setback Variance). If YES skip to D (Documentation).			
C. A	ALTERNATE SETBA	CK VARIANCE (Complete	if requesting an alternative setback)			
	at is your proposed alte rnative setback for.)	rnative setback? (Please meas	ure in feet and indicate which setback you are requesting an			
	rative setback for.)					
	, ,	•	ve setback, enter their contact information below. our request for an alternative setback.			
Adj	acent Landowner #1 N		Adjacent Landowner #2 Name and Address:			
	Attach a sheet desc	cribing why you need an alto	ernative setback .			
setbo will	acks and describe how th	is hardship is beyond your contr pining property or to public hea	osed structure from conforming to the municipal and/or state rol. Please additionally explain how developing the proposed site of the and safety. Lastly, explain why this proposed alternative is the			
Alte	rnative setback requests r	nay be denied. The Secretary wi	ll consider the following in issuing an alternative setback:			
1.	particular property that constraints, there is no p	would create a hardship for the toossibility that the property can be	ional topographical or other physical constraints peculiar to the farm operation; and because of such physical conditions or be developed in strict conformity with pre-existing setbacks and ore necessary to enable the reasonable operation of the farm.			
2.	The hardship has not be	en created by the applicant.				
3.		•	will not substantially or permanently impair the appropriate use al to the public health, safety, and welfare.			
4.	The variance, if authoriz	e variance, if authorized by the Secretary, will represent the minimum alternative that will afford relief and will				

NOTE: VAAFM cannot approve any construction (including fences) within a highway right of way. You must request approval from the town in those cases.

represent the least deviation possible from required setbacks.

D. ADDITIONAL DOCUMENTATIO	<u>)N</u>							
1. Letter to Municipal Zoning Authori	ity: Any individual or operation plannir	ng to construc	ct a Farm Structure is required to info	rm				
the Municipal Zoning Authority of their plans be		_						
2. Site Plan: Attach a site plan of the proposed the furthest projection of the proposed structure, recommends you include the following on your s	road rights-of-ways, and location of su	_						
Entire parcel boundaryDistance to all properties (required)Wetlands (indicate class)	Existing Development Neighboring land use Open water/Surface Water (require	red)	Proposed Development (required) Location of any easements Buffers					
E. APPLICANT CERTIFICATION								
I certify that the information provided here is, to the best of my knowledge, true, accurate, and complete.								
Applicant Name (please print):								
Signature of Applicant:		Date:						
	Reminder submit to:							
Vermont Agency of Agriculture, Food & Markets Water Quality Division 116 State St. Montpelier, VT 05420 Contact Information: (802) 828-2431 or AGR.WaterQuality@vermont.gov								
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