

Appeal Permit # _____ Permit Fee: \$ 90.00 Recording Fee: \$ 10.00
Date: _____ Permit Approved: _____ Denied: _____
Date: _____ Appealed: _____
Approved Septic Plan #: _____
(if applicable)

Original Document with any attachments is filed in the Zoning Board of Adjustment File in the Town Office
-----ABOVE FOR OFFICE USE ONLY-----

TOWN OF STAMFORD

986 Main Road, Stamford, Vermont 05352 (802) 694-1361

Application to the Zoning Board of Adjustment
and Memorandum of Municipal Action 24 VSA section 4443 (c)

SECTION I

1. Location of Property: _____
District: _____
Deed Recording: Book #: _____ Page #: _____ Lot #: _____

2. Legal name of landowner/applicant:

(list all owners of record as shown in deed)

Mailing address: _____ Tel #: _____

3. Name of builder: _____ Tel #: _____

Mailing address: _____

4. Existing use: _____

5. Proposed use: Residential _____ Seasonal _____ Agricultural _____ Professional _____
Industrial _____ Commercial _____ Other _____

6. Brief description of project: _____

7. Dimensions of proposed building or addition:

8. Lot size: _____ acres Road frontage: _____

9. Setback from: Road right of way: _____ feet Rear property line: _____
Side property line: _____ feet Side property line: _____

SECTION II

1. Type of Application:

A () Appeal from the decision of the administrative officer.

B () Application for a conditional use permit.

C () Application for a variance (Must meet the conditions of 24 VSA, Section 4468 before

approval may be granted).

2. Provision of zoning ordinance in question: _____

SECTION III

1. A general plot plan showing the boundaries, dimensions and area of the lot, and existing and proposed buildings as well as location of water supply and septic system/leach filed must be provided on a separate 8 1/2" x 11" sheet of paper.
2. A detailed plot plan is required for commercial, professional and industrial uses.
3. A drawing of the proposed septic system/leach field designed by a sanitary engineer certified by the State of Vermont must accompany this application.
4. A copy of the blue print (and picture, if available) of any proposed building or addition must accompany this application.
5. The name and address of all owners of property that abuts the lot in question.
6. The applicant acknowledges responsibility for obtaining the following permits, if applicable:

A. _____ Act 250 land use	D. _____ Sign permit
B. _____ Driveway permit	E. _____ State Health Regulations
C. _____ Subdivision permit	F. _____ Other _____

SECTION IV

I swear under the pains and penalties of perjury that the statements contained in this application are true to the best of my knowledge and belief. Submission of this document authorizes the Administrative Officer and members of the Board of Adjustment to view and inspect the property before, during and upon completion of the project for which this permit is granted.

Date: _____ Signature of Applicant: _____

NOTE: Failure to provide any of the above required information will result in this application being returned to the applicant.

Application received by _____ Date received in town office _____ Fee \$ _____
(does not constitute receipt by ZBA)

***** FOR USE OF ZONING BOARD OF ADJUSTMENT *****

Application Permit number: _____ Date received by Zoning Board of Adjustment: _____

Application: Approved: * _____ Denied: _____ Date: _____
See minutes of ZBA meeting in ZBA file

Signed: _____
Zoning Board of Adjustment

* If approved by the Zoning Board of Adjustment, a building permit issued by the Administrative Officer is still required before work can begin.