

APPLICATION FOR ZONING PERMIT – TOWN OF CANAAN, VERMONT

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

- 1. Name of Applicant (s): _____
- 2. Mailing Address: _____
- 3. Phone Number: _____ Email (optional): _____
- 4. Proposed Use or Change: _____
- 5. E911 Location/Directions: _____

- 6. Permit Type – Check One: Building Permit Subdivision/Site Plan Change of Use (Business or Residential)
- 7. Lot Size (Acres): _____ Lot Width (Feet): _____
- 8. Building/Addition Size (Feet) – Width: _____ Length: _____
- 9. Distance from Building to Lot Lines (Feet):
Front: _____ Rear: _____ Left Side: _____ Right Side: _____
- 10. A plan showing the proposed layout of the property and buildings **MUST** be attached to the application.
- 11. Signature of Applicant(s): _____ Date: _____

SPACE BELOW THIS LINE IS FOR ADMINISTRATIVE USE ONLY

Application Number: _____ Date Received: _____ Fee Received: \$ _____

Permitted – Permitted w/ Site Plan Approval – Conditional – Non-Conforming

INITIAL ADMINISTRATIVE OFFICER ACTION

Incomplete – Returned to Applicant(s) Date: _____

Complete Application Accepted Date: _____

Referred to Planning Commission or Zoning Board of Adjustments Date: _____

Comments: _____

PLANNING COMMISSION/BOARD OF ADJUSTMENT ACTION (If Applicable)

At a meeting of the Planning Commission of Adjustment on / /20 the above application for a permit was considered.

APPROVED DENIED

Conditions: _____

Signature: _____ Date: _____

FINAL ADMINISTRATIVE OFFICER ACTION

Action*: _____

Signature: _____ Date: _____

**An interested party may appeal a decision of the administrative officer within 15 days of the date of such decision.*