

# APPLICATION FOR ZONING PERMIT

Town of Manchester, Clerk's Office  
 \_\_\_\_\_, 20\_\_\_\_ at  
 \_\_\_\_\_ o'clock \_\_\_\_\_ minutes \_\_\_\_\_ M  
 Book \_\_\_\_\_ Page \_\_\_\_\_ of  
 \_\_\_\_\_ Records  
 Attest \_\_\_\_\_  
 Town Clerk



**Village of Manchester, Vermont**

PO Box 482  
 Manchester, VT 05254-0482  
 (802) 362-1515  
 villageofmanchester.com

Application # \_\_\_\_\_  
 Received: \_\_\_\_\_  
 Complete: \_\_\_\_\_  
 Zone: \_\_\_\_\_  
 Fee Paid: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NAME OF APPLICANT (if different from owner): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Application:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Change of Color | <input type="checkbox"/> Master Sign Plan | <input type="checkbox"/> Sign Lighting    |
| <input type="checkbox"/> Addition           | <input type="checkbox"/> Change of Use   | <input type="checkbox"/> New Construction | <input type="checkbox"/> Subdivide Parcel |
| <input type="checkbox"/> Alteration         | <input type="checkbox"/> Excavation      | <input type="checkbox"/> Scoreboard       | <input type="checkbox"/> Tree Removal     |
| <input type="checkbox"/> Amendment          | <input type="checkbox"/> Fence or Wall   | <input type="checkbox"/> Sign             | <input type="checkbox"/> Other            |

**COST OF PROJECT: \$** \_\_\_\_\_

I understand I must secure a certificate of use before using or occupying this structure. I hereby certify that all statements contained herein and in all accompanying document are true and correct to the best of my knowledge.

Owner or Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner or Applicant Name: \_\_\_\_\_

## ADMINISTRATIVE OFFICER'S REPORT

**ACTIONS:**

- |                                      |  |   |                                 |             |
|--------------------------------------|--|---|---------------------------------|-------------|
| <input type="checkbox"/> Withdrawn   |  |   |                                 | Date: _____ |
| <input type="checkbox"/> Minor       | <input type="checkbox"/> Approved                    | <input type="checkbox"/> Approved with Conditions | <input type="checkbox"/> Denied | Date: _____ |
| <input type="checkbox"/> To DAC      |  |   |                                 | Date: _____ |
| <input type="checkbox"/> Recommended | <input type="checkbox"/> Recommended with Conditions | <input type="checkbox"/> Denied                   |                                 | Date: _____ |
| <input type="checkbox"/> To DRB      |  |   |                                 | Date: _____ |
| <input type="checkbox"/> Approved    | <input type="checkbox"/> Approved with Conditions    | <input type="checkbox"/> Denied                   |                                 | Date: _____ |

CONDITIONS/COMMENTS: \_\_\_\_\_

Eric J Scott, Administrative Officer