

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: _____

Instructions

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"/> Fence or Wall | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Master Sign Plan | <input type="checkbox"/> Sign Lighting |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Demolition | <input type="checkbox"/> New Construction | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Excavation | <input type="checkbox"/> Other | <input type="checkbox"/> Tree Removal |

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 Withdrawn | | | | Date: _____ |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: _____

State permits may be required and that the permittee should contact State agencies to determine what permits must be obtained before any construction may commence.

Jennifer Leigh Woolf, Administrative Officer

