

APPLICATION FOR ZONING PERMIT

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

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 Withdrawn | | | | Date: _____ |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. The permittee should contact State agencies to determine what permits must be obtained before any construction may commence.

Curan VanDerWielen, Zoning Administrative Officer