

Permit # _____

TOWN OF MORGAN
APPLICATION FOR ZONING PERMIT
Steve Matson – Zoning Administrator – (802) 895-2886

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

APPLICANT: LANDOWNER
Name: _____

Address: _____

Phone: _____

Location of Property: 911# _____

Morgan Tax Map # _____

Morgan Grand List Parcel ID: _____

Deed Recorded: VOL _____ PAGE(S) _____

Survey Map Available? YES _____ NO _____ Book # _____ Page # _____

Nature of Work: New Construction _____ Structural Alteration _____ Other _____

Existing Use: _____ Proposed Use: _____

Area Dimensions: Lot Size _____ Lot Length _____ Lot Width _____

Distance between building lines and lot lines:

Front: _____ Side _____ Side _____ Rear _____

NOTE: *A general plot plan showing the layout of the property and buildings or work areas (including septic system and well or spring) must be attached to this application.*

Signature of Applicant: _____

DECISION OF ADMINISTRATION OFFICER

Date Received: _____ Fee _____ Permit # _____

Approval _____ Denied _____

Referred to: Planning Commission _____ Board of Adjustment _____

Date Acted Upon: _____ Date Permit Becomes Effective: _____

NOTE: *An interested person may appeal a decision of the Administrative Officer with fifteen (15) days of the date of such decision. This permit shall not take effect until the time for such appeal has passed.*

Signature of Administrative Officer

Date of Issuance