

BUILDING & ZONING PERMIT

ZONING ADMINISTRATOR PO BOX 317, CONCORD, VT 05824 802-695-1094 EXT 24 ZONINGADMIN@CONCLERK.COM

Please use this form to request a zoning pe . It is H and requirements with the Zoning Administ is submitted and to ensure efficient and tim	rator prio	RECOMMENDED that or to submission to eng	t applicant discu sure that all nec	ice the application			
Name I A A A T I =	First	Taylor	Daytime 🔑 🔿	3-306			
Applicant Last Name Applicant Mailing Address //G PROSPE		E-mail Lovie To F	ZXR	20/0			
Mailing Address //G PROSPE	CT 5	TAddress @GMAIL	Apartment #				
CONCORP	State	VT.	ZIP 058	2 4			
Property Owner Last Name (if different than applicant)	First		Daytime — Phone				
applicant) SAYE Property Owner Mailing Address SAME		E-mail Address	Apartment #				
City	State		ZIP	And the second second			
Parcel ID # COT A SEE BECOM	Book 3 K	62 B233 47 B218 84 P266	Pages(s)				
Areas of Lot in LOTB BILLA Length of Lot in Acres 207 00, 26 A Feet	1000	Width of Lot in Feet	MCCET				
Dimensions of Width Size Length	411	Will the Building be Occupied for Living Space	res	No 🌂			
Distance Between Building Lines & Lot Lines Front	Dis.	Side S	Side	Rear			
Proposed Use and/or Construction	/57	CRACE					
I/we, the undersigned, request a zoning permit for the use and/or construction stated, to be issued on the basis of the representation contained in this application and any required submission materials. I/we fully understand that any incorrect or misleading representations may result in the permit becoming void and legal action instituted by the Town of Concord. I/we further understand that the permit may contain conditions with which I will be required to comply.							
Applicant's Signature	6-3		27 00	2.7			
Owner's Signature (if different than applicant)				· /			

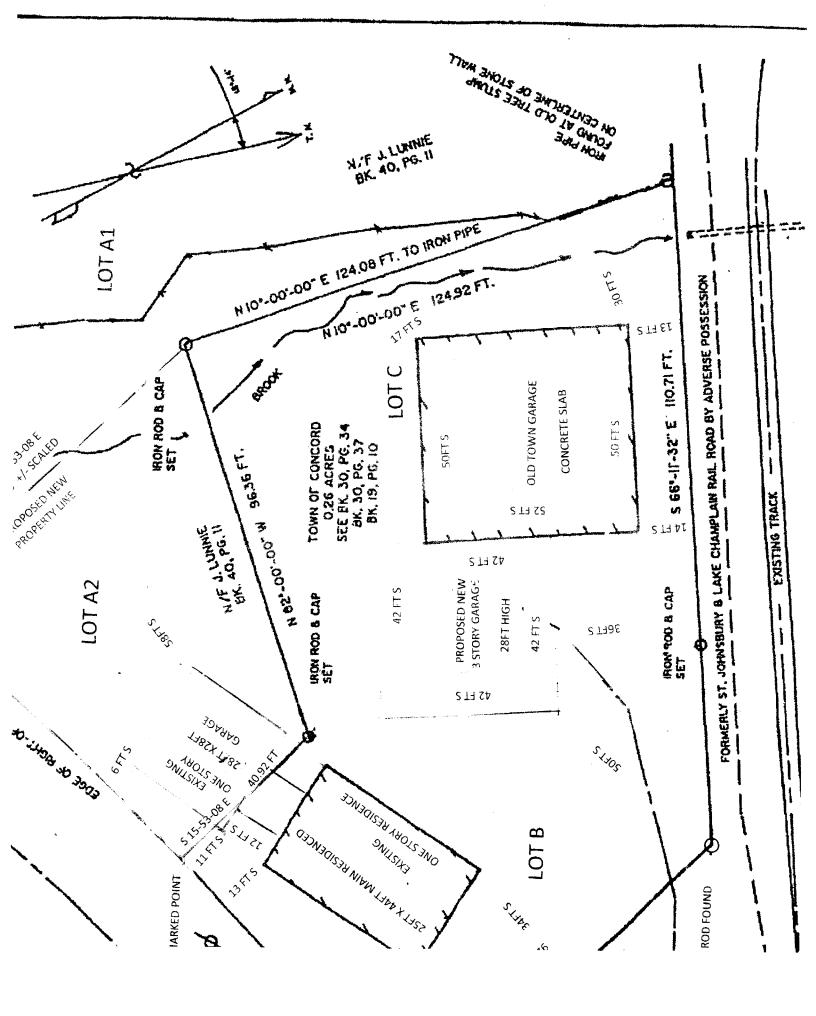
PARCEL IND # ACT A 1/6 PROSPECT ST 20.3500018

ACT B 78 PROSPECT ST 20.3500054

LOT C 54 PROSPECT ST 3500054

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January 2015



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Applicant		n C					
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Date Received by Zoning Administrator Cにしる人		Initials A. Hrenard					
Application #		2021	-14	Fee Paid \$ 0			
Approved	√	Denied		Returned Incon	nplete	Extension of Permit	
Date of Inspectio	n	06/20	12021	Date Decision N	lade by ZA	06/20/	2021
Reasons for Deni	al						
Date Referred to Board of Adjustment		Cor Use	nditional e	Va	riance	Appeal	
Zoning Administrator's Signature		au	alza	Lire	iia	\mathbb{C}	
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Approved Reasons for Denia Board of Adjusts Representative Signature Received for record	ment don	Adjustment considered	t on and is hereb	Denied NT TOWN CLE	20	the above	

Signature