



TOWN OF CONCORD

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 permit as required in the Concord Town Zoning Bylaws available at www.concordvt.us/zoneadmin.php. It is **HIGHLY RECOMMENDED** that applicant discuss the application and requirements with the Zoning Administrator prior to submission to ensure that all necessary information is submitted and to ensure efficient and timely processing of the application.

Applicant Last Name	Sample		First	Kim		Daytime Phone	802-456-8405	
Applicant Mailing Address	99VT RT 14			E-mail Address	gongxi@brke@yahoo.com		Apartment #	
City	East Calais		State	VT		ZIP	05650	
Property Owner Last Name (if different than applicant)			First			Daytime Phone		
Property Owner Mailing Address				E-mail Address			Apartment #	
City			State			ZIP		
Parcel ID #	15-000-00		Book	92		Pages(s)	9-10	
Areas of Lot in Acres	6.5		Length of Lot in Feet	100		Width of Lot in Feet	100	
Dimensions of Proposed Building	Width	12		Length	20		Will the Building be Occupied for Living Space	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Distance Between Building Lines & Lot Lines	Front	5		Side	5		Side	5
Proposed Use and/or Construction	storage shed							
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	[Signature]							
Owner's Signature (if different than applicant)	[Signature]							

SITE PLOT PLAN DRAWING

Please see Site Plot Plan instructions on prior page for completion instructions and guidance.



