



# BUILDING & ZONING PERMIT

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

## TOWN OF CONCORD

Please use this form to request a zoning permit as required in the Concord Town Zoning Bylaws available at [www.concordvt.us/zonadmin.php](http://www.concordvt.us/zonadmin.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		First		Daytime Phone			
S. Madeleine		Denis		274-8091			
Applicant Mailing Address		E-mail Address		Apartment #			
1735 Cross Rd.							
City		State		ZIP			
Concord		Vermont		05824			
Property Owner Last Name (if different than applicant)		First		Daytime Phone			
Property Owner Mailing Address		E-mail Address		Apartment #			
City		State		ZIP			
Parcel ID #		Book		Pages(s)			
07-0301735		59		212			
Areas of Lot in Acres		Length of Lot in Feet		Width of Lot in Feet			
1.2		333/265		225/160			
Dimensions of Proposed Building		Will the Building be Occupied for Living Space		Yes		No	
Width 12ft Length 16ft		Yes		No		X	
Distance Between Building Lines & Lot Lines		Front		Side		Rear	
		124ft		64ft		210ft 84ft	
Proposed Use and/or Construction							
Work Shop							
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		Date					
[Signature]		9-27-2021					
Owner's Signature (if different than applicant)							



Date Received by Zoning Administrator		09/28/2021		Initials		A. Grouillard	
Application #		2021-51		Fee Paid \$ 50. <sup>00</sup>		CK# 164	
Approved	<input checked="" type="checkbox"/>	Denied	<input type="checkbox"/>	Returned Incomplete	<input type="checkbox"/>	Extension of Permit	<input type="checkbox"/>
Date of Inspection		10/15/2021		Date Decision Made by ZA		10/15/2021	
Reasons for Denial							
Date Referred to Board of Adjustment		Conditional Use		Variance		Appeal	
Zoning Administrator's Signature		Audra Grouillard					

BOARD OF ADJUSTMENT OFFICE USE ONLY			
At a meeting of the Board of Adjustment on _____ 20_____ the above application for a permit was considered and is hereby:			
Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>
Reasons for Denial			
Board of Adjustment Representative Signature			

CONCORD, VERMONT TOWN CLERK'S OFFICE			
Received for record on _____ 20_____ at _____ o'clock _____ minutes and duly recorded in:			
Book		Page(s)	
Attest: Town Clerk / Assistant Town Clerk Signature			