

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 <u>www.concordvt.us/zoneadmin.php</u>. 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	Bushey Ignjatovic				First	Bobby Lying			Daytime Phone 80		535 2-274-938	715乙
Applicant Mailing Address	734	734 LADD Road				E-mail Lbushey2015@ Address gmail.com			Apartmer	nt #	· · · · • • · · · • •	- Mag of a long state of an and a second state
City	Cond	Concord				VT			ZIP 0		05824	
Property Owner Last Name (if different than applicant)					First				Daytime Phone		u	THE CONTRACTOR
Property Owner Mailing Address						E-mail Address			Apartment #			
City					State				ZIP			
Parcel ID #	04-6700734				Book	90			Pages(s) 218-219			
Areas of Lot in Acres	10.1		Length o Feet	of Lot in	658	チレ Width of Lot in '? Feet		ſ	720 FF		7	
Dimensions of Proposed Building		Width	10'	Length	9'	Will the Building be Occupied for Living Space		Ye	s		No	xx
Distance Between Building Lines & Lot Lines Front				Front	176	Side	170 Ft	Sic	de 3	r 64 ft	Rear	482 F
Proposed Use and/or Construction Above				Above g	pove ground pool deck							

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

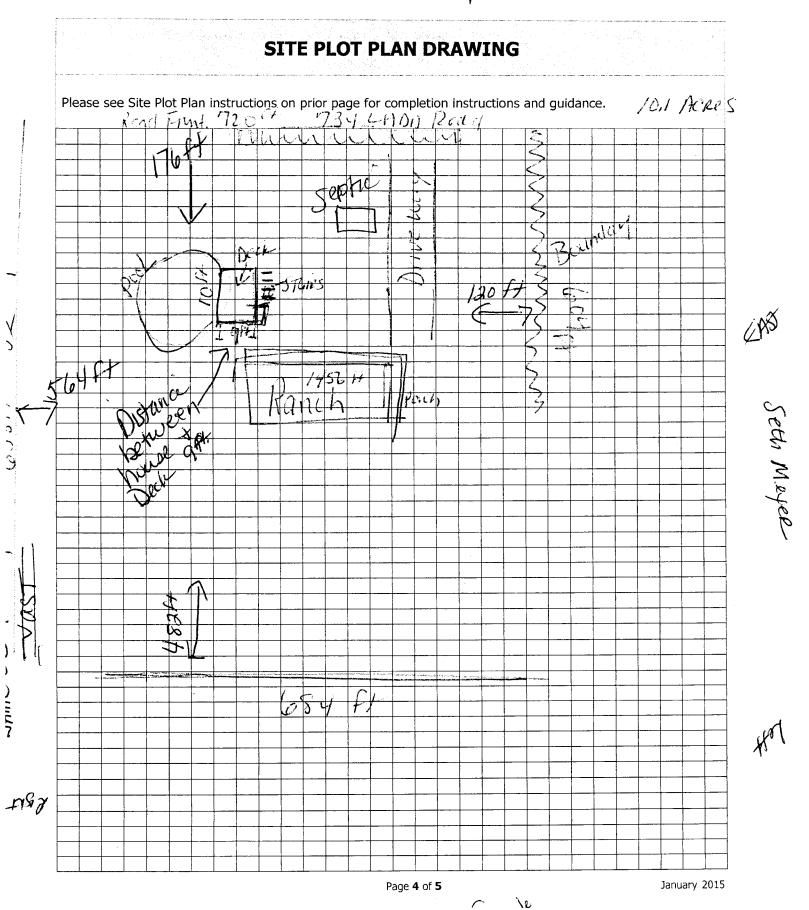
9/10/21 Spor Bush

Owner's Signature (if different than applicant)



David Bartlett





Applicant					<u>_</u>						
		ZONING	ADMINIS	TRATION	OFFICE (USE ON	iLY				
Date Received Administrator	by Zoning	09/17,	12021	Initials			a. Geroceard				
Application #		2021-	45	Fee Paid \$ 50			CK# 2872				
Approved		Denied		Returned Incomplete			Extension of Permit				
Date of Inspec	ction	09/25	1,2021	Date Deci	sion Made	by ZA	09	1/22/2	1021		
Reasons for D	enial										
Date Referred Board of Adjustment	l to	Co Us	onditional se		Varianc	æ		Appeal			
Zoning Administrat Signature	or's	Û	idra	Her	olia	r0					
		BOARD	OF ADJU	ISTMENT	OFFICE U	JSE ON	LY		:		
At a meeting application fo	of the Board or a permit wa	of Adjustme as considere	ent on d and is her	eby:		20		the abc	ve		
Approved				Den	ied						
Reasons for	Denial										
Board of Ac Representa Signature											
				AONT TOW			FICE				
			<u>,</u>	MONT TOV							
Received for and duly rec	record on			20		_ at	0	'clock	minutes		
Book				Pag	ge(s)						
Attest: Tov Assistant 1 Signature	wn Clerk / Fown Clerk						•				