



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: Wilson First: James Daytime Phone: 802-695-8179

Applicant Mailing Address: 1297 Shadowlake Rd E-mail Address: ee.wilson@myfairpaint.net Apartment #: _____

City: Concord State: VT ZIP: 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 #: 07-4201297 Book: 58 Pages(s): 513

Areas of Lot in Acres: 82.9 Length of Lot in Feet: _____ Width of Lot in Feet: _____

Dimensions of Proposed Building: Width: _____ Length: _____ Will the Building be Occupied for Living Space: Yes _____ No

Distance Between Building Lines & Lot Lines: Front: _____ Side: _____ Side: _____ Rear: _____

Proposed Use and/or Construction: 2-lot Subdivision

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: James E. Wilson

Owner's Signature (if different than applicant): _____

EXISTING ROAD

85.5 ACRES ± TOTAL

◇ + CANYON



