

BUILDING & ZONING PERMIT

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

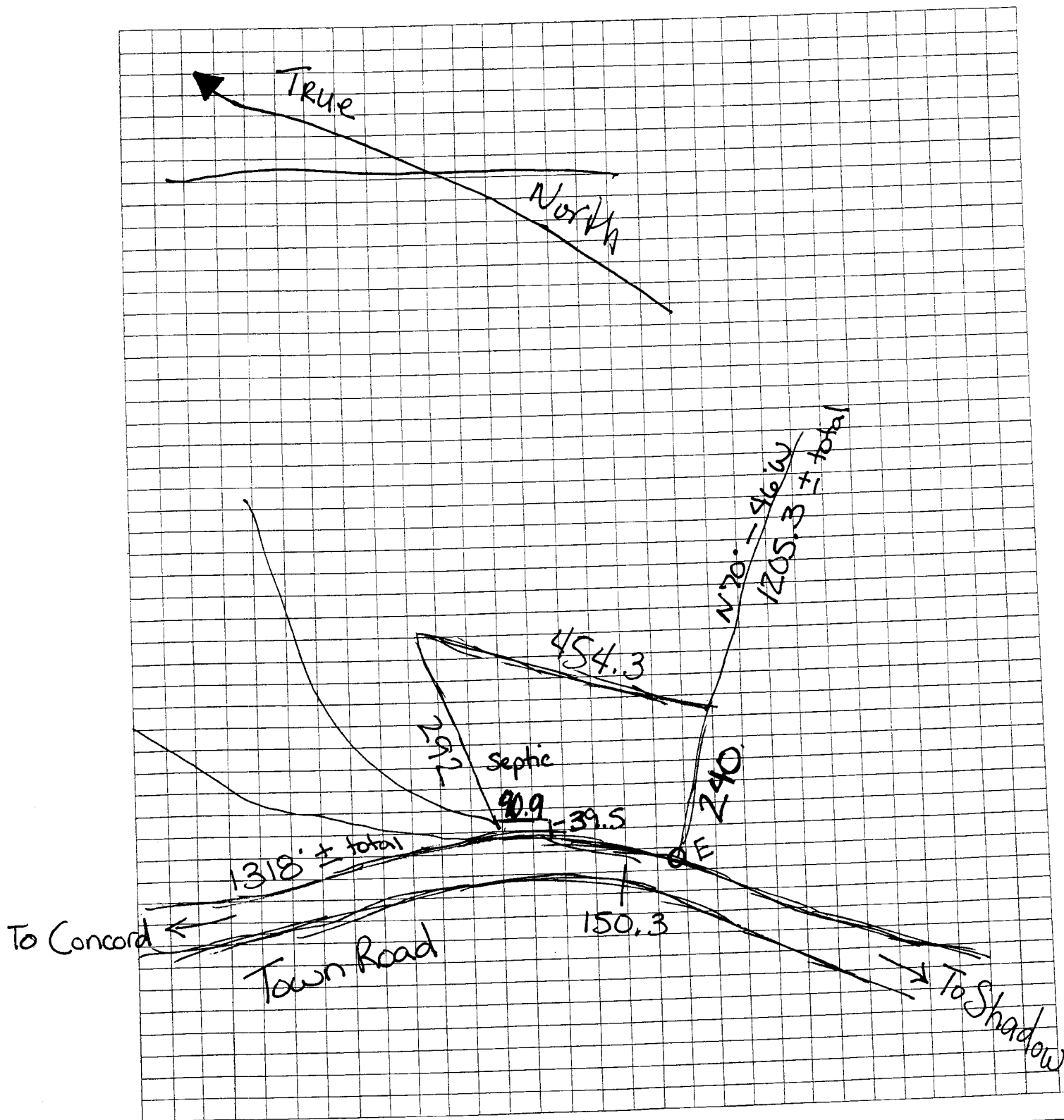
TOWN OF CONCORD

Please use this form to request a zoning permit as required in the Concord Town Zoning Bylaws available at www.concordvt.us/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	DeGreenia	First	Anna	Daytime Phone	802-535-5803		
Applicant Mailing Address	1335 Shadow lake Rd		E-mail Address	degreenia - 14@yahoo.com			
City	Concord	State	Vt	ZIP	05824		
Property Owner Last Name (if different than applicant)	Wilson Jr	First	James	Daytime Phone	802-695-8179		
Property Owner Mailing Address	1297 Shadow lake Rd.		E-mail Address	ewilson@myfairpoint.net			
City	Concord	State	Vt	ZIP	05824		
Parcel ID #	87-420/297 07-420/297	Book	58 58	Pages(s)	513 513		
Areas of Lot in Acres	829 2.0	Length of Lot in Feet	240 [±]	Width of Lot in Feet	240 [±]		
Dimensions of Proposed Building	Width	28 ft	Length	56 ft	Will the Building be Occupied for Living Space	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Distance Between Building Lines & Lot Lines	Front	150 [±]	Side	L 100 [±] R 150 [±]	Side	Rear	100 [±]
Proposed Use and/or Construction	new home						
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							
Owner's Signature (if different than applicant)							

SITE PLOT PLAN DRAWING

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



Applicant

ZONING ADMINISTRATION OFFICE USE ONLY

Date Received by Zoning Administrator		09/21/2021	Initials		A. Grounard	
Application #		2021-47	Fee Paid \$ 75		Ck# 4278	
Approved	<input checked="" type="checkbox"/>	Denied	<input type="checkbox"/>	Returned Incomplete	Extension of Permit	<input type="checkbox"/>
Date of Inspection		09/22/2021	Date Decision Made by ZA		09/22/2021	
Reasons for Denial						
Date Referred to Board of Adjustment	<input type="checkbox"/>	Conditional Use	<input type="checkbox"/>	Variance	<input type="checkbox"/>	Appeal
Zoning Administrator's Signature		Audra Grounard				

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			