



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. 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	Swanson	First	Derry	Daytime Phone	509 367 3673			
Applicant Mailing Address	79 Old Freeman way		E-mail Address	Derry				
City	Brewster	State	MA	ZIP	02631			
Property Owner Last Name (if different than applicant)		First		Daytime Phone				
Property Owner Mailing Address		E-mail Address		Apartment #				
City		State		ZIP				
Parcel ID #	11.4205651	Book	89	Pages(s)	57			
Areas of Lot in Acres	1.9 6.9	Length of Lot in Feet		Width of Lot in Feet				
Dimensions of Proposed Building	Width	9.5	Length	23.8	Will the Building be Occupied for Living Space	Yes	No	<input checked="" type="checkbox"/>
Distance Between Building Lines & Lot Lines	Front	75	Side	75	Side	75	Rear	1000'
Proposed Use and/or Construction	add on to shed existing							
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)								

Kurt Eshman

SITE PLOT PLAN DRAWING

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



