

CONFIDENTIAL



TOWN OF CONCORD

BUILDING & ZONING PERMIT

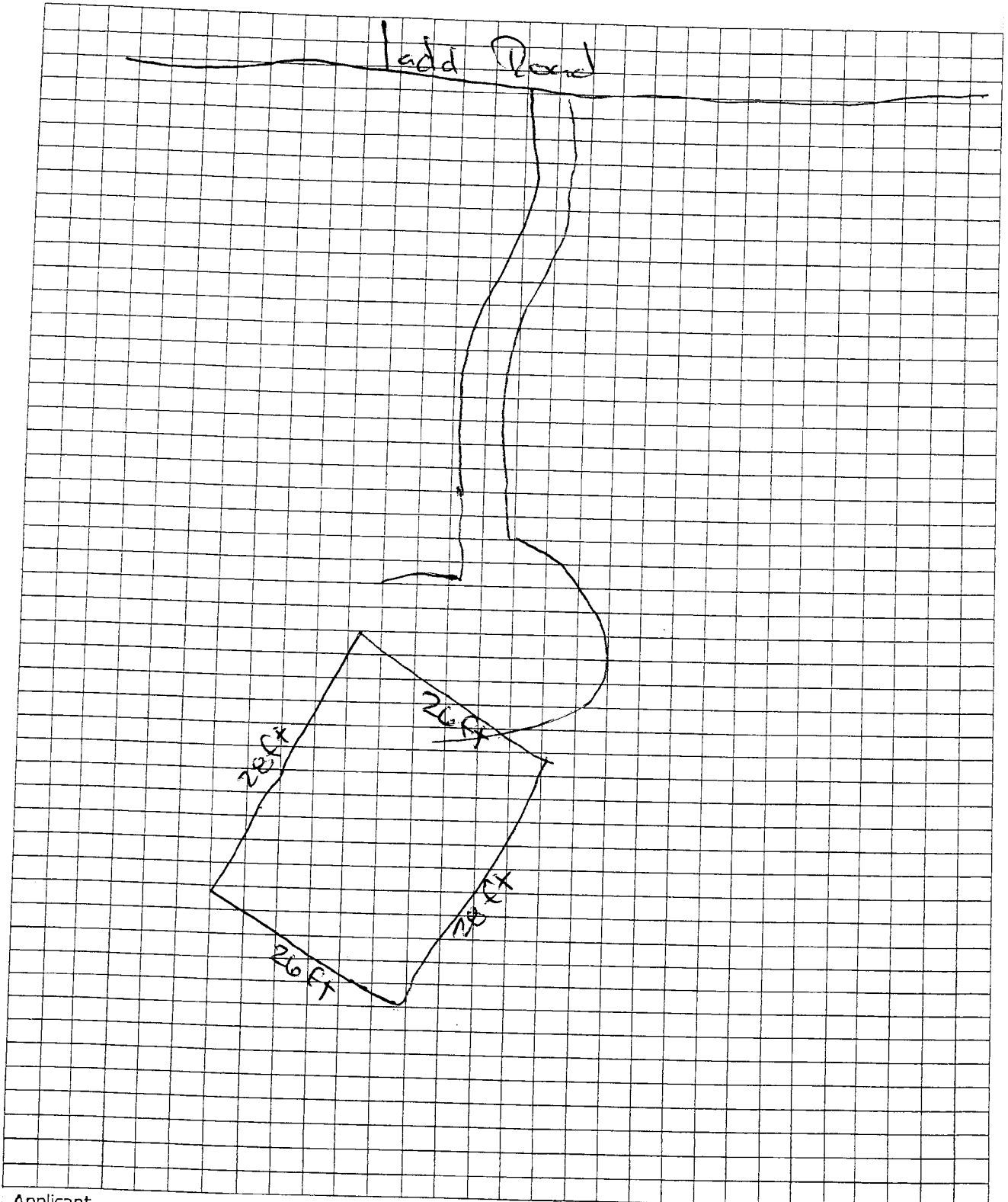
ZONING ADMINISTRATOR  
 PO BOX 317, CONCORD, VT 05824  
 802-695-1094 EXT 24  
 ZONINGADMIN@CONCLERK.COM

Please use this form to request a zoning permit as required in the Concord Town Zoning Bylaws available at [www.concordvt.us/zoneadmin.php](http://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	Rowell	First	Jeremy	Daytime Phone					
Applicant Mailing Address	941 Ladd Road	E-mail Address		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 #	04.6700941	Book	75	Pages(s)	61-62				
Areas of Lot in Acres	3.62	Length of Lot in Feet		Width of Lot in Feet					
Dimensions of Proposed Building	Width	26	Length	28	Will the Building be Occupied for Living Space	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Distance Between Building Lines & Lot Lines	Front	400	Side	150	Side	200	Rear	150	
Proposed Use and/or Construction	Change of use living space above garage								
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

Date Received by Zoning Administrator		10/20/2021		Initials		A. Grosiario	
Application #		2021-52		Fee Paid \$ 75. <sup>00</sup>		CK # 2027	
Approved	<input checked="" type="checkbox"/>	Denied	<input type="checkbox"/>	Returned Incomplete	<input type="checkbox"/>	Extension of Permit	<input type="checkbox"/>
Date of Inspection		10/30/2021		Date Decision Made by ZA		10/30/2021	
Reasons for Denial							
Date Referred to Board of Adjustment	<input type="checkbox"/>	Conditional Use	<input type="checkbox"/>	Variance	<input type="checkbox"/>	Appeal	<input type="checkbox"/>
Zoning Administrator's Signature		Alebra Grosiario					

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	<input type="checkbox"/>	Page(s)	<input type="checkbox"/>
Attest: Town Clerk / Assistant Town Clerk Signature			