COPY

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	Brown	First	Larry + Betty	Daytime Phone	1-802-328-2671
Applicant Mailing Address	472 Shoses Hill Rd	E-mail Address	larrymbettybbrown@gmail.com		
City	Granby	State	VT	ZIP	05840
Property Owner Last Name (if different than applicant)		First		Daytime Phone	
Property Owner Mailing Address		E-mail Address		Apartment #	
City		State		ZIP	
Parcel ID #	05,94000901	Book	74	Pages(s)	552-554

Areas of Lot in Acres		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: 3-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 Betty Brown Larry M. Brown

Owner's Signature (if different than applicant)

Applicant

ZONING ADMINISTRATION OFFICE USE ONLY

Date Received by Zoning Administrator	12/03/2021			Initials	C Girouard		
Application #	2021-31			Fee Paid $ 275.00	CK# 6307		
Approved		Denied		Returned Incomplete		Extension of Permit	
Date of Inspection	12/03/2021			Date Decision Made by ZA	12/03/2021		
Reasons for Denial							
Date Referred to Board of Adjustment	✓	Conditional Use		Variance		Appeal	
Zoning Administrator's Signature	Cindra Girouard						

BOARD OF ADJUSTMENT OFFICE USE ONLY

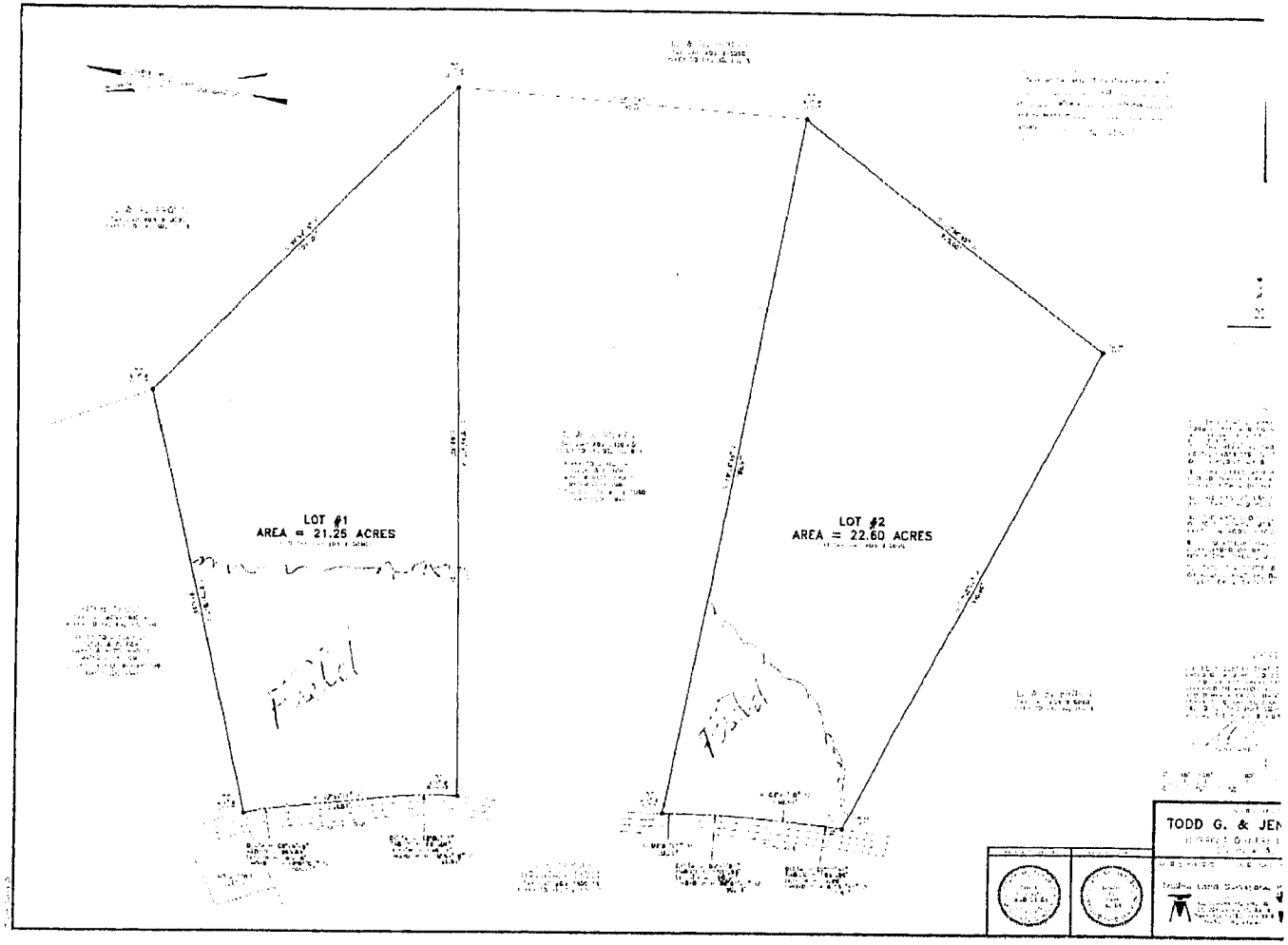
At a meeting of the Board of Adjustment on _____ 20_____ the above application for a permit was considered and is hereby:

Approved		Denied	
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			


LOT #1
AREA = 21.25 ACRES
LOT #2
AREA = 22.60 ACRES
TODD G. & JEN