	Application Permit # Permit Fee: \$90.00 Date permit was denied or referred by Zoning Admir	
	Date permit was defiled or referred by Zoning Admir Date application to the Zoning Board of Adjustment	
	Date: Permit Approved:	
	Approved Septic Plan #:	(if applicable)
	Original document with any attachments is filed in the Zonin	
	ABOVE FOR OFFICE US	SE ONLY
	TOWN OF STAMFO	
	986 Main Road, Stamford, Vermont	
	Application to the Zoning Boar and Memorandum of Municipal Action	
	: Application to the Zoning Board of Adjustment must be filed nistrator.	within fifteen (15) days of a denial by the Zoning
SECTIO		n in the world committee of the
1.	911 Street Address: Page #: Page #:	District:
	Deed Recording: Book #: Page #:	Lot #:
2.	Legal name of landowner/applicant:	
		rs of record as shown on deed)
	Mailing address:	Tel #:
3.	Name of builder:	Tel #:
	Mailing address:	
4.	Existing use:	
5.	Proposed use: Residential Seasonal Industrial Commercial	Agricultural Professional Other
6.	Brief description of project:	
7.	Dimensions of proposed building or addition:	
8.	Lot size: acres Road	d frontage:
9	Setback from: Road right of way: feet	Rear property line: feet
J	Side property line: feet	Side property line: feet
SECTIO	ON II	
1.	Type of Application:	
	A () Appeal from the decision of the Zoning Admir	nistrator.
	B () Application for a conditional use permit.	

C () Application for a waiver (A waiver must meet the conditions of 24 VSA, Section 4469 before

approval may be granted).

	D () Application for a variance (A variance must meet the conditions of 24 VSA, Section 4469 before approval may be granted).		
2.	Provision of Zoning Bylaw in question:		
SECTIO	N III		
1.	A general plot plan showing the boundaries, dimensions and area of the lot, and existing and proposed buildings as well as location of water supply and septic system/leach filed <u>must</u> be provided on a separate 8 1/2" x 11" sheet of paper.		
2.	A detailed plot plan is <u>required</u> for commercial, professional and industrial uses.		
3.	A drawing of the proposed septic system/leach field designed by a sanitary engineer certified by the State of Vermont <u>must</u> accompany this application.		
4.	The name and address of <u>all</u> owners of property that abut your lot.		
5.	The applicant acknowledges responsibility for obtaining the following permits, if applicable:		
	A Act 250 land use		
	B Driveway permit E State Health Regulations		
	C Subdivision permit		
6.	The applicant acknowledges that a site plan may need to be filed with and approved by the Planning Commission before a final decision can be granted by the Zoning Board of Adjustment.		
my kno Board	N IV under the pains and penalties of perjury that the statements contained in this application are true to the best of wledge and belief. Submission of this document authorizes the Zoning Administrator and members of the Zoning of Adjustment to view and inspect the property before, during and upon completion of the project for which this is granted.		
Date: _	Signature of Applicant:		
	olicant, within thirty (30) days, may appeal the decision of the Zoning Board of Adjustment or the Planning ssion to the Environment Court under Section 801 through 816 of Title 3.		
NOTE:	ailure to provide any of the above-required information will result in this application being returned to the applicant.		
Applica	tion received by Date received in town office Fee \$ (does not constitute receipt by ZBA)		

Applica	tion Permit number: Date received by Zoning Board of Adjustment:		
	tion: Approved: * Denied: Date: Date:		
	Signed:		
	Zoning Board of Adjustment		

^{*} If approved by the Zoning Board of Adjustment, a building permit issued by the Zoning Administrator is still required before work can begin.