TOWN OF CABOT

Application for Zoning Permit

All Information is required for application approval

	An injerina	tion is required											
Applicant Name			Parcel ID#										
Applicant Mailing Address			Landowner Name										
Applicant Phone Number a	ind/or Email		Landowner Mailing Address										
Physical Location of Proper	ty (E-911 Address)		Landowner Phone Number and/or Email										
NEW CONSTRUCTION INFORMATION													
A general plot plan showing the location of the property and buildings or work area must be attached to the application.													
Length & Width (<i>Ex 10' x20'</i>)	Height - Number of S	tories	Setback in feet : Front (road side) Rear Side Side										
Well/Water system	Septic (WW permit # or in	stallation date)	Lot Size (acres) Frontage on Public Road (in feet)										
Type of Construction (Include a brief description - Ex.: New one family residence, detached garage, attached porch or deck, dormer)													
The undersigned hereby requests a Zoning Permit for the following use to be issued on the basis of the representations contained herein. The Permit is void in the event of misrepresentation or failure to undertake construction within one year of the date of approval. The Landowner or an interested person may appeal this decision of the Administrative Officer by submitting the appeal in writing to the Town Clerk's office within fifteen (15) days of the date of the decision. <i>This permit shall not take effect and building may not commence until the time for such appeal has passed</i> . This application must be signed by the Landowner and submitted with a fee of \$60.00 The applicant or permittee retains the obligation to identify and apply for and obtain all other required permits and relevant state permits for this project. Call Jeff McMahon (802) 477-2241 or email jeff.mcmahon@vermont.gov to													
speak to the regional permit specialist													
	Date		Signature of Landowner										
			·										
	FOR	USE BY ADMINIST	RATIVE OFFICE ONLY										
Fee Paid \$	Date Received	Date Complete	Referred to the Development Review Board Date										

Approved	Denied	Reason for Denial		
c: 11 7 ·			~ .	
Signed by Zoning	g Administr	ator	Date	Application No.
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Questions? Please call the Cabot Zoning Administrator at 802-563-2041 or Town Clerk's Office at 802-563-2279. Town of Cabot, PO Box 36, Cabot, Vermont 05647 - rev. 07/01/2022

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