Bennington, VT Town Clerk's Office
_____, 20 at
o'clock minutes M
book ___ ___ on page __ of
_____ Records
Attest. _____
Town Clerk

APPLICATION FOR ZONING PERMIT

Village of Old Bennington

Application #
Fee Paid
Date Received
Zone
Date Deemed Complete

NAME OF APPLICANT Christine Costello
Address: 2 Church Ln Benn VT Email christinecostello1957@gmail Phone 802 779 3782

NAME OF PROPERTY OWNER (If different from above) _____

Address _____

LOCATION OF PROPERTY _____

PARCEL ID. (Tax Bill): 495018000

LOT SIZE .09 acres Frontage on Public Road 63 ft. O Public Water 0 Public Sewer

TYPE OF USE: O Residential O Business O Agricultural O Institutional O Subdivision

O Sign 0 Change of Use 0 New Construction O Addition 0 Alteration 0 Amendment

IF APPLICATION IS FOR CHANGE OF USE: Existing Use _____

Proposed Use: (If business or institutional use, attach description)

IF APPLICATION IS FOR NEW CONSTRUCTION, ADDITION, ALTERATION OR AMENDMENT: Describe

Replace existing slate patio + add porch rain roof.

BUILDING Length 59' ft. Width 54' ft. Height _____ ft. No. of Stories 1.5

SETBACK FROM PROPERTY LINES: Front 20 ft. Rear ~3 ft. Side ~3 ft. Side ~3 ft.

COST OF PROJECT (Include land preparation and all sub-contractors' costs. Attach builder's estimate, if available). Appropriate fee (see fee schedule) must accompany application.

I understand I must secure a certificate of use/occupancy before using or occupying this structure.
I hereby certify that all statements contained herein and in all accompanying documents are true and correct. to the best of my knowledge.

Date 7/24/25 Applicant's Signature _____

ZONING ADMINISTRATOR'S REPORT
(Office Use Only)

ACTION: To *PC* _____ To ZBA _____ Minor Permit _____ Date _____

O Approved O Approved with conditions O Denied Date

CONDITIONS/COMMENTS _____

Start Date _____ Completion Date _____ **ZONING ADMINISTRATOR**