Application #   
Fee Paid

Date Received   
Zone

Date Deemed   
Complete

Attest. ---=-----::-:--:-

Town Clerk

**APPLICATION FOR ZONING PERMIT   
 Village of Old Bennington**

Bennington, VT Town Clerk's Office

\_\_\_\_\_\_\_ ,20 at

o'clock minutes M

book on page \_\_ of

\_\_\_\_\_\_\_\_ Records

**NAME OF APPLICANT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF PROPERTY OWNER** (If different from above) \_

Address

**LOCATION OF** PROPERTY \_

**PARCEL ID.** (Tax Bill): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**LOT** SIZE acres Frontage on Public Road ft.

**TYPE OF USE:** O Residential O Business O Agricultural   
o Sign 0 Change of Use 0 New Construction

**IF APPLICATION IS FOR CHANGE OF USE:** Existing Use \_

o Public Water 0 Public Sewer

o Institutional

o Subdivision

o Addition 0 Alteration 0 Amendment

**BUILDING** Length\_\_\_\_\_\_\_\_\_\_ ft. Width ft. Height ft. No. of Stories\_\_\_\_\_\_\_\_\_\_

**SETBACK FROM PROPERTY LINES:** Front \_\_\_\_\_\_\_\_\_\_\_ ft. Rear \_\_\_\_\_\_\_\_\_\_ ft. Side ft. Side 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.

Date

Applicant's Signature

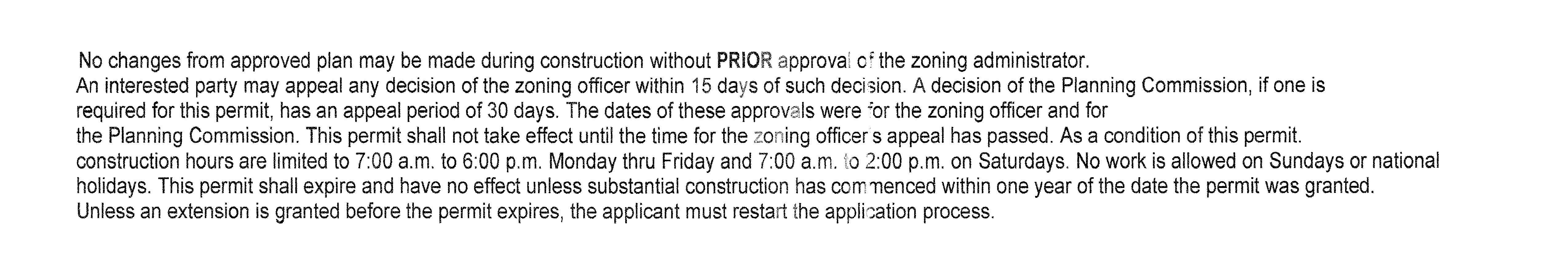
**ZONING ADMINISTRATOR'S REPORT** (Office Use Only)

**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**

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.

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

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

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Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No changes from approved plan may be made during construction without PRIOR approval of the Zoning Administrator. An interested party may appeal within 15 or 30 days depending on whether PC approval necessary. As a condition of this permit construction hours are limited to 7:00AM to 6:00PM Monday thru Friday. Saturday 7:00AM to 2:00PM. No work on Sunday or holidays. Permit good for 1 year.

