TOWN OF SANDGATE, VERMONT APPLICATION FOR ZONING PERMIT

There is a \$10.00 a page fee for recording zoning permits.

Please make check payable to:

Sandgate Town Clerk

3266 Sandgate Road

Sandgate, VT 05250

Fee Paid Date Received By	Application No.
Name of Applicant	Phone
Mailing Address	State Zip
Name of Landowner	Phone
Mailing Address	State Zip
Location of Property	Property ID#
	orest 2
Lot Size:Acres Frontage on pu	ublic road Feet
Proposed Use: New Residence Accessory Change of Use: from	y Building \square Remodel/Alteration \square Other
Size of proposed bldg or addition: Length	Ft. WidthFt. HeightFt.
I swear under the pains and penalties of perjury the true to the best of my knowledge. SIGNATURE OF APPLICANT	hat the statements contained in this application are DATE
SIGNATURE OF AFFLICANT	
DO NOT V	WRITE BELOW THIS LINE
Town Septic Permit Required: NO[] YES[] Attach copy of a Town Driveway Access Permit Required: NO[] YES[] Attach SEPTIC AND DRIVEWAY PERMITS ARE REQUIRED BEFORE	ch copy. Permit issued by select board.
Decision of Zoning Officer: [] APPROVED []DENIE	D SIGNED:
If denied, refer to: [] ZBA [] Planning Commission	Dated:
Reason for denial:	
	MIT APPROVAL
*	WIII AI I ROVIE
Inspections:	Detad
Signed	Dated
HEAI	RING ACTIONS
ZBA HEARING	Place Date Time
PlaceDateTime Decision: GRANTED[] DENIED[]	PlaceDateTime Decision: GRANTED[] DENIED[]
Chairperson Date	Chairperson Date
Date sent to Zoning Officer	Date sent to Zoning Officer

An interested person may appeal the decision of the Zoning Officer within fifteen (15) days of the date of such a decision. An appeal in writing shall be submitted, accompanied by the appropriate fee, to the secretary of the zoning board of adjustment with a copy to the Zoning Officer.

Permit is voided in the event of misrepresentation or failure to undertake construction within one hundred twenty (120) days of the date of approval by the Zoning Officer (Pursuant to Section 8-1 of Town Bylaws).