TOWN OF SANDGATE, VERMONT

3266 Sandgate Road, Sandgate, VT 05250

APPLICATION FOR ZONING PERMIT

There is a \$15.00 a page fee for recording zoning permits. Please make check payable to:

Sandgate Town Clerk

Fee Paid	Date Received	Ву	Арр	olication No.	
Name of Applica	nt		Phone		
Name of Applicant Mailing Address			State	Zip	
Name of Landowner			Phone	Zip	
Mailing Address	Tiei		State	7in	
Location of Property			Property 1	Zip	
		orest 1	r Toperty 1	.D#	
Lot Size:	Acres	Frontage on public road	Feet		
		☐ Accessory Buildingto			
Size of proposed	d bldg or addition:	LengthFt. V	VidthFt.	HeightFt.	
I swear under tl true to the best	of my knowledge.	es of perjury that the state			
SIGNATURE OF APPLICANT			DATE		
		DO NOT WRITE BELOW	THIS LINE		
Town Driveway Acce	ss Permit Required: NO [EWAY PERMITS ARE REQ	Attach copy of septic permit YES [] Attach copy. Permit is UIRED BEFORE A ZONING PERM	IIT MAY BE ISSUED.		
		ED []DENIED SIGNED:_			
		ing Commission Dated:			
Reason for denial:					
		PERMIT APPROVA	L		
Inspections:					
Signed					
		HEARING ACTIONS	3		
ZBA HEARING Place Decision: GRAN	Date TED[] DENIED[TimePLANN	ING COMMISSION HE	ARING hteTime ENIED[]	
Chairperson			rson nt to Zoning Officer		
Date sent to Zoni	ng Officer	Date ser	nt 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).