Town of Sandgate, Vermont

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	Application No.
Name of Applicant			Phone
Mailing Address			State Zip
Name of Landowner			Phone
Mailing Address			State Zip
Location of Property			Property ID#
ZONE: Ru	ral Residential 🛚 Fores	t 1 🔲 Forest 2	
Lot Size:	Acres Fron	tage on public road _	Feet
-		· ·	☐ Remodel/Alteration ☐ Other
Size of propos	ed bldg or addition: Le	ngthFt.	WidthFt. HeightFt.
back of this f I swear under	orm may be used.		s and streams <u>must</u> be shown. The ements contained in this application are
SIGNATURE OF APPLICANT			DATE
		DO NOT WRITE BELOW	THIS LINE
Town Driveway Ac	it Required: NO[] YES[] At cess Permit Required: NO[] Y VEWAY PERMITS ARE REQUIRE	ES [] Attach copy. Permit	-
Decision of Zoni	ng Officer: [] APPROVED	[]DENIED SIGNED:_	
	l:		
		PERMIT APPROVA	AT.
Inspections:			
_			
Signeu			
ZBA HEARING Place Decision: GRA Chairperson	Date NTED[] DENIED[]	Time Place Decision	NING COMMISSION HEARING Date Time On: GRANTED [] DENIED [] erson Date ent 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).