

D Present Buildings/Structures/Uses

Describe briefly the buildings/structures now on the property (if none, so state) what they are used for, and how long that use has continued.

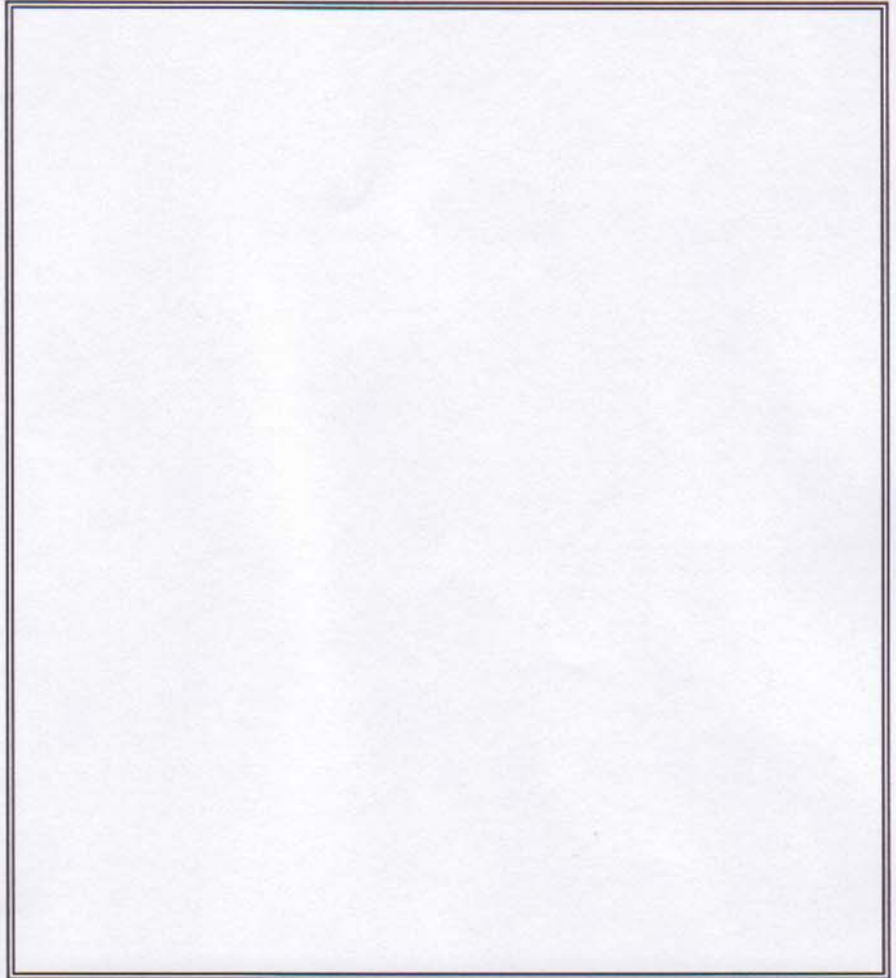
E Site Plan

(Attach a survey if available)

1) In the box beside, or on a separate sheet, draw a **map/plan** of the lot showing: (i) all lot boundaries and dimensions, (ii) the location, shape and dimensions (length and width) of all structures or buildings (existing and proposed) on the lot, (iii) the distance between each, (iv) the distance from each to the nearest property line, road, street, or waterway (setbacks), (v) the location and dimensions of driveways, parking areas, and rights-of-way, and (vi) the location of potable water sources, sewer or septic systems.

2) Indicate the height or number of stories (including basements), and the area in square feet of all structures/buildings proposed:-

3) Show or list the names and mailing addresses of all abutting property owners as derived from the Grand List (attach list separately if necessary).



The following **Certification** must be signed by all **Owners** (and by the **Applicant** if not owner)

F Certification: - The undersigned hereby applies to the Town of Enosburgh for a Zoning Permit for the development described in this application form and any attachments. I certify that all of the information provided in this application is true, accurate, and complete. I understand that any Zoning Permit issued on the basis of this application shall be null and void if any information provided is inaccurate or misrepresented.

Signed, this _____ day of _____, 20____.

(Signatures)

Town of Enosburgh

Application for Zoning Permit

OFFICE USE:

Application/Permit No.: _____

Effective Date: _____

Permit Fee: \$ _____

Zoning Administrator

Please consult the **Town of Enosburgh Zoning Bylaws** and read the **Zoning Permit Application Information** sheet (available at the Town clerk's Office) before completing this Form. All sections of this Form must be completed, and the completed Form (and any attachments) **submitted in original and two copies**, together with the appropriate fee(s), to the Zoning Administrator c/o the Town Clerk's Office. Incomplete or illegible applications will be returned, and processing will be delayed. If you need additional information or assistance, contact the Zoning Administrator, Steven Garrett at 933-4409 or in the evening at 524-5808..

A Owner/Applicant Identification

Name of Owner(s) on Title Deed: - _____

Mailing Address: - _____

Telephone Number(s): - (Work) _____ (Home) _____

Name of Applicant (if not Owner): - _____

Mailing Address: - _____

Telephone Number(s): - (Work) _____ (Home) _____

Applicant's Interest in Property: - lessee/option holder/owner's agent. (Attach copy of lease/option, etc.)

B Property/Lot Identification/Description

Location Address (Street/Road/911/Other): - _____

Title Deed Reference: - Book _____, Page _____. Month/Day/Year Property Acquired: - ___/___/___.

Zoning District: - _____. Area of Lot: - _____ (acres/square feet).

Length in feet of frontage on Street/Road: - _____. Length in feet of all other property lines: -

(sides) _____ (back) _____

C Proposed Buildings/Structures/Uses

Describe briefly the changes to the property that you propose to make, and what they will be used for.

