## TOWN OF NORWICH, VERMONT **APPLICATION FOR ZONING PERMIT**

Owner(s):				
Mail Address:		Town	ST	Zip
Day Phone:	Eve Phone:	En	Email:	
Applicant (If Different):				
Mail Address:				Zip
Day Phone:	Eve Phone:	Er	nail:	
Description of Proposed	Development:			
		Zoning Distri	ct: RR VR I VR	II VB C/I AQ
Street Address:		Tax Map Lo	ot #Lo	ot Size:
Building Setbacks- Road	Right-of-way:	Right Boundary: _	Left	Rear
Size of Building(s)/Addit	ions: Structure A: Width	Length	Height	
Structure B: Width	_LengthHeight	Area:	Footprint of Struct	ure A
Additional Footprint of Str	ructure B (if any)	Total	# of Parkin	g Spaces
Estimated Date of Comple				
**************************************				
foregoing statements, attack Town of Norwich, and certs of the real estate that is the su	ifies that the above is true, abject of the application by the	<b>correct, and compl</b> he Zoning Administr	ete. The owner constant of the owner constan	ents to inspections nes.
			Date	
Coning Office Checklist:Additional_ Flood Hazard Area Subdivis_ Wetlands Conditio_ Septic Location Site Plan		ermits Required: n 11 Use	Required:       Variance         PRD       Driveway Access         Wastewater       Wastewater	
Water Supply Parking Shoreline Aquifer Protection Permit Conditions Agricultural Exemption Comments:	Fees:Base FeeSq. Ft. x# of LotsRecordingOtherTotalDate PaidTo Finance	\$ \$ \$ \$ \$	Action Received Complete Granted Refused Posted at Site Appeal By Effective Expires	Dates
Signature of Zoning Adn 8/11	ninistrator	Application/Pern	Date nit #	