NO. _____

** DRIVEWAY & ACCESS PERMITS REQUIRED:**

TOWN OF LOWELL SUB-DIVISION USE BUILDING PERMIT

MEMORANDUM OF MUNICIPAL ACTION 24 V.S.A. Section 4443 (C)

The undersigned hereby applies for a zoning permit for the following use. A permit will be issued on the basis that the information provided by the applicant is truthful. Incomplete applications will be returned. Inaccurate information will invalidate your application/permit.

Record Title Own	ner(s) of Property (Grantor):_	·
Applicant(s) if diff	ferent from Record Title Owner	er(s):
Physical address	s of Parcel	Phone #
Mailing address	s	Phone #
Tax Map Parce	l#Deed Referenc	ce: Volume Page
Proposed use:		
Zoning District: V	illage Rural Resid	
•	Conservation/Mountain	Industrial
Lot: area in acres _	, dimension in fe	eet
Dimensions of bui	lding: width in feet	length
Yard dimensions:	(distance between building and	d lot lines)
Front:	, each side:,	, rear:
Property Owner signature Date:		
Applicants signature Date:		
Make check payal	ble to: The Town of Lowell &	& Submit application to Zoning Administrator
Application fees:	Business and lots under 10 acre	res \$40.00 & Lots over 10 acres \$25.00
An approved per	mit is good for 2 years.	
Dì	ECISION OF ADMINIS	STRATIVE OFFICER (ZONING ADMINISTRATOR)
Date:	, Application no.,	, Fee Paid:
Approved:	, Denied:	, Comments:
		Date:
		Variance Requested, Signature of Zoning Board
Received	for Record	AD 20ato'clock AM/PM
Recorded in Book	Page Attes	