NO.

** DRIVEWAY & ACCESS PERMITS REQUIRED:**

TOWN OF LOWELL PERMITTED 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 Owner	r(s) of Property (Grantor):		
Applicant(s) if differen	ent from Record Title Own	er(s):		
Physical address o	f Parcel			
Mailing address _		Phone #		
Tax Map Parcel #	Deed Refere	nce: Volume Page		
Proposed use:				
Zoning District: Villa	age Rural Res	idential/Agricultural		
Со	onservation/Mountain	Industrial		
Lot: area in acres	, dimension in	feet		
Dimensions of buildi	ing: width in feet	length		
Yard dimensions: (di	stance between building ar	nd lot lines)		
Front:	_, each side:	, rear:		
		roperty and proposed building must be attached to this application. Include on the Location of septic system and water locations is recommended but not required.		
Property Owner sig	Date:			
Applicants signature		Date:		
Make check payable	to: The Town of Lowell	& Submit application to Zoning Administrator		
Application fees: Business and lots under 10 acres \$35.00 & Lots over 10 acres \$20.00 Mail to: Gordon Spencer ~ 185 Green Hill ~ Lowell VT 05847 Fax 802-744-2280 Hand Deliver: Gordon Spencer ~ 185 Green Hill ~ Lowell, Vt. 05847 Tel. 802-744-6612				
				An approved permit is good for 2 years.
DEC	CISION OF ADMINI	STRATIVE OFFICER (ZONING ADMINISTRATOR)		
Date:	, Application no.,	, Fee Paid:		
	••	, Comments:		
		Date:		
		Variance Requested, Signature of Zoning Board		
Received for	Received for Record AD 20ato'clock AM/PM			
Recorded in Book	Page Att	est		
		Town Clerk / Assistant Town Clerk		