NO. ____

** DRIVEWAY & ACCESS PERMITS REQUIRED:**

TOWN OF LOWELL CONDITIONAL 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(s) of	f Property (Grantor)):		
Applicant(s) if different from	om Record Title Own	er(s):		
Physical address of Parc	:el			
Mailing address			Phone #	
Tax Map Parcel #	Deed Referer	nce: Volume Page		
Proposed use:				
Zoning District: Village _	Rural Resi	idential/Agricultural		
Conserv	ation/Mountain	Industrial		
Lot: area in acres	, dimension in	feet		
Dimensions of building: w	vidth in feet	length		
Yard dimensions: (distanc	e between building an	nd lot lines)		
Front:, each side:, rear:				
			be attached to this application. Include on the locations is recommended but not required.	
Property Owner signatur	re		Date:	
Applicants signature			Date:	
Make check payable to: 1	he Town of Lowell	& Submit application to Zoning A	dministrator	
Application fees: Busines	s and lots under 10 ac	cres \$35.00 & Lots over 10 acres \$20	0.00	
Mail to : Gordon Spencer - Hand Deliver : Gordon Sp		owell VT 05847 Fax 802-74- ill ~ Lowell, Vt. 05847 Tel. 802-74-		
An approved permit is go	ood for 2 years.			
DECISI	ON OF ADMINI	STRATIVE OFFICER (ZO	NING ADMINISTRATOR)	
Date:, A	pplication no.,	, Fee Paid:	, 	
Approved:	, Denied:	, Comments:		
		Date:		
		Variance Requested, Sign	nature of Zoning Board	
Received for Record AD 20ato'clock AM/PM				
Recorded in Book	Page Atte	est		
		Town Clerk / Assistant Town Cl	erk	