** 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 Ow	vner(s) of Property (Grantor)):	
Applicant(s) if di	fferent from Record Title Own	er(s):	
Physical addre	ss of Parcel		
Mailing address		Phone #	
Tax Map Parc	eel # Deed Referen	nce: Volume Page	
Proposed use:			
Zoning District:	Village Rural Res	idential/Agricultural	
	Conservation/Mountain	Industrial	
Lot: area in acres	, dimension in	feet	
Dimensions of bu	uilding: width in feet	length	
Yard dimensions	: (distance between building ar	id lot lines)	
Front:	, each side:	_, rear:	
		operty and proposed building must be attached to this application. Include on Location of septic system and water locations is recommended but not require	
Property Owner signature Date:			
Applicants signature Date			
Make check pay	able to: The Town of Lowell	& Submit application to Zoning Administrator	
Application fees	Business and lots under 10 ac	cres \$40.00 & Lots over 10 acres \$25.00	
	Spencer ~ 185 Green Hill ~ Lo fordon Spencer ~ 185 Green H	owell VT 05847Fax 802-744-2280ill ~ Lowell, Vt. 05847Tel. 802-744-6612	
An approved pe	rmit is good for 2 years.		
E	DECISION OF ADMINI	STRATIVE OFFICER (ZONING ADMINISTRATOR)	
Date:	, Application no.,	, Fee Paid:	
Approved:	, Denied:	, Comments:	
		Date:	
		Variance Requested, Signature of Zoning Board	
		AD 20ato'clock AM/PM	
Recorded in Bool	k Page Atte	est Town Clerk / Assistant Town Clerk	