

**\*\* DRIVEWAY & ACCESS PERMITS REQUIRED:\*\***

**NO.** \_\_\_\_\_

**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(s) of Property (Grantor):** \_\_\_\_\_

Applicant(s) *if different* from Record Title Owner(s): \_\_\_\_\_

Physical address of Parcel \_\_\_\_\_

Mailing address \_\_\_\_\_ Phone # \_\_\_\_\_

Tax Map Parcel # \_\_\_\_\_ Deed Reference: Volume \_\_\_\_\_ Page \_\_\_\_\_

Proposed use: \_\_\_\_\_

Zoning District: Village \_\_\_\_\_ Rural Residential/Agricultural \_\_\_\_\_

Conservation/Mountain \_\_\_\_\_ Industrial \_\_\_\_\_

Lot: area in acres \_\_\_\_\_, dimension in feet \_\_\_\_\_

Dimensions of building: width in feet \_\_\_\_\_ length \_\_\_\_\_

Yard dimensions: (distance between building and lot lines)

Front: \_\_\_\_\_, each side: \_\_\_\_\_, rear: \_\_\_\_\_

A general plot plan showing the layout of the property and proposed building must be attached to this application. Include on the drawing: yard dimensions, nearest town roads. Location of septic system and water locations is recommended but not required.

**Property Owner signature** \_\_\_\_\_ 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 \$40.00 & Lots over 10 acres \$25.00

**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.**

**DECISION OF ADMINISTRATIVE OFFICER (ZONING ADMINISTRATOR)**

Date: \_\_\_\_\_, Application no., \_\_\_\_\_, Fee Paid: \_\_\_\_\_

Approved: \_\_\_\_\_, Denied: \_\_\_\_\_, Comments: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Variance Requested, Signature of Zoning Board

Received for Record \_\_\_\_\_ AD 20 \_\_\_\_ at \_\_\_\_\_ o'clock AM/PM

Recorded in Book \_\_\_\_\_ Page \_\_\_\_\_ Attest \_\_\_\_\_

Town Clerk / Assistant Town Clerk

State septic permit number \_\_\_\_\_, Contact ANR Groundwater Management & Protection in St. Johnsbury for additional information or questions, 802-751-0130.