

DEVELOPMENT REVIEW BOARD: APPLICATION FOR VARIANCE

P.O. Box 56, Lower Waterford Vermont 05848
Town Office 802-748-2122-Zoning Cell 802-535-7571

Tax parcel # _____

Permit # _____

Applicant/Owner: _____ Date: _____

Address: _____ Phone: _____

Your application for a Variance must meet the conditions of 24 VSA Sect. 4469 before approval may be granted.

Provision(s) of Waterford Zoning Ordinance in question: _____

List location(s) and amounts of variance requested: _____

The following must be submitted with this application:

1. A Plot Plan.
2. A complete copy of any Zoning/Building Permit (Form Z-1) relevant to this matter.
3. Fee: \$130.00 + \$10.00 recording fee.

By my signature I shall allow the Zoning Administrator access to the property at reasonable times for purposes of evaluating this application and ensuring compliance with both standard and special conditions on any resulting permit.

Signature of Owner/Applicant: _____ Date: _____

For Office Use Only:

Fee Paid: _____

Date and Signature of Authorized Town Official

Date of Hearing: _____ Date of Decision by DRB: _____

Approved: _____ Denied: _____ Other Action: _____

Building/Zoning Permit #: _____ Date Issued: _____