ZO	Town of Pomfret, Vermont	Permit No.	
ZONING PERMIT	ZONING PERMIT APPLICATION	ZP16-	
	Parcel ID number	App. fee**	
	Applicant Phone Number (daytime)		
	Address Lot Size:		
	Email		
	Street Address of Property		
	Property Owner (if not same as Applicant)		
	Address		
	DESCRIPTION OF PROPOSED WORK		
	Description of proposed work (incl. dimensions):		
	-		
	Closest distance between new structure/addition and the following property lines (as shown on front/street:ft. back:ft. right:ft. left:	ŕ	
	NOTICE: Permits must be approved a minimum of 15 days before commencing new use or co or construction authorized by this permit must be commenced within one year of issue unle ligation or permit expires.		
	ACTION OF THE ADMINISTRATIVE OFFICER		
	ID of zoning district: ID and classification of use:		
	Application is REFERRED to the ☐ ZBA or ☐ PC for the following review and approval: ☐ Ridgeline ☐ Variance ☐ Conditional Use ☐ Other:		
	- 1 6 AO Signature:		
	FINAL ACTION OF THE ADMINISTRATIVE OFFICER		
	☐ APPROVED ☐ APPROVED with conditions noted ☐ DENIED ☐ NO PER Comments:	MIT REQUIRED	
	- 1 6 AO Signature:		
	WARNING: State permits may be required for this project. Call 802-885-8850 to speak to the Specialist before beginning construction.	ne State Permit	

^{**}See current fee schedule. Make check payable to Town of Pomfret.

PROPERTY SKETCH	ZP16-		
INSTRUCTIONS: Draw a lot outline and proposed construction within the boundaries, existing buildings and location of roads, drives and parking. She supply for new residences. Indicate North on your sketch. Use another sheet or	ow septic facilities and water		
CERTIFICATIONS OF ARRIVON AND OR PROPERTY	OWNER		
PROPERTY OWNER: The undersigned property owner hereby certifies that the information on this application is true and accurate, consents to its submission, and understands that if the application is approved, the zoning permit and any attached conditions will be binding on the property. Further, the undersigned authorizes the Administrative Officer access, at reasonable times, to the property covered by the permit issued under this application, for the purposes of ascertaining compliance with said permit.			
Property Owner's signature	Date		
<u>APPLICANT</u> (if not property owner): The undersigned applicant hereby certifies that ALL the information submitted on and with this application is true and accurate.			
Applicant's signature	Date		
OFFICE USE ONLY			
Received - 1 6 \$ - 1 6 Fee Paid or deposited - 1 6	Application deemed complete		

An applicant and/or interested person (as defined in 24 VSA §4464) may appeal any decision of the Administrative Officer to the Zoning Board of Adjustment (ZBA) within 15 days of the date of the decision. Said notice shall be in writing, mailed or delivered to the Clerk of the ZBA, and give the reasons for the appeal. Failure to appeal this decision may prevent any party from arguing against its elements in a future hearing or appeal. 24 VSA §4472.