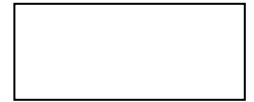


**TOWN OF NEWFANE, VERMONT
APPLICATION FOR ZONING PERMIT**



(PLEASE USE INK.)

APPLICANT _____ TELEPHONE () _____

MAIL ADDRESS _____

PROPERTY OWNER _____ TELEPHONE () _____

MAIL ADDRESS _____

LOCATION # ROAD TAX LOT # # ACRES

I. DIVISION OF PROPERTY:

NUMBER OF NEW LOTS CREATED _____ TOTAL # OF LOTS _____

*PLEASE SUPPLY SURVEY OF PROPERTY OR PLOT PLAN, **TO SCALE**, SHOWING EXISTING AND PROPOSED PROPERTY LINES, ACREAGE, LEGAL RIGHTS-OF-WAY AND ANY OTHER PERTINENT INFORMATION.*

II. NEW CONSTRUCTION AND/OR NEW ADDITIONS:

TYPE AND USE OF STRUCTURE: _____

SIZE OF STRUCTURE- FRONT: SIDE: SIDE: REAR: HEIGHT: _____

FLOOR AREA- BSMT (FINISHED): 1st FL: 2d FL: 3d FL: TOTAL: _____

STRUCTURE SET BACK-
FROM CENTER OF LEGAL RIGHT-OF-WAY _____

FROM ADJOINING PROPERTY LINES: SIDE SIDE REAR _____

EST. DATE WORK TO COMMENCE _____ EST. DATE OF COMPLETION _____

*PLEASE SUPPLY SURVEY OF PROPERTY OR PLOT PLAN, **TO SCALE**, SHOWING PROPERTY LINES, LEGAL RIGHTS-OF-WAY, PROPOSED STRUCTURE, ALL SET BACKS AND ANY OTHER PERTINENT INFORMATION.*

III. RESTORATIONS, REPLACEMENT, RENOVATIONS and SIGNAGE:

TYPE AND USE OF STRUCTURE _____

WARNING: State permits may be required for this project. Call 1-802-885-8850 to speak to the State Permit Specialist before beginning any construction.

APPLICATION FOR ZONING PERMIT

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HEALTH PERMIT NUMBER _____ DATE _____

ACCESS PERMIT NUMBER _____ DATE _____

STATE AND OTHER PERMITS _____

I HEREBY CERTIFY THAT ANY AND ALL STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT, AND I WILL COMPLY WITH ALL THE REQUIREMENTS OF THE TOWN OF NEWFANE ZONING BY-LAWS.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____

(Do not write in the space below)

APPLICATION NO, _____ - _____ DATE RECEIVED _____ Fee: Application _____

Recording _____

_____ APPLICATION APPROVED

_____ APPLICATION DENIED for the following reasons:

Section _____, Article _____, Paragraph _____, Sub-paragraph _____,
of the TOWN of NEWFANE ZONING BY LAWS

EXPLANATION: _____

Applicant may appeal a rejection of this application to the DEVELOPMENT REVIEW BOARD (DRB) within FIFTEEN (15) DAYS of the denial date. Referred to Development Review Board (DRB) _____

Date

Zoning Administrator