TOWN OF LINCOLN 62 QUAKER STREET LINCOLN, VERMONT 05443

Application No:	Date:			
		802) 453-2980		
	Fax (8	302 453-2975		
APPI	LICATION I	FOR ZONING PE	RMIT	
Applicant's name(s) and Mailing address:				
Street Telephone: Home: _	City		State	Zip Code
Owner's name(s) and Mailing address (if Different from applicant's)				
Telephone: Home:	Street		State	
Location of Property:		ame: lber:		
Type of Permit: Building	Subdivisi		(Temporary upation; change	
Brief description of proposed	activity:			
The applicant (or owner) must accurate as possible but need activity with respect to prope lines. New house construction Waste Water Permit before a	not be to sca rty boundari on and some	ale) showing the lo es, or, for subdivis other activities sha	cation of the proions, the change ll require a Stat	oposed es in property e of Vermon
Signature of Applicant:			Date:	
Signature of landowner (If other than applicant):			Date:	
Permit fees paid: Amount: \$ (Must inclu		_ Date: g Fee if applicable		Initials)
DISPOSITION OF PERMI	·			. "/

Zoning Administrator, Town of Lincoln