

**TOWN OF LINCOLN
62 QUAKER STREET
LINCOLN, VERMONT 05443**

Application No: _____

Date: _____

Phone (802) 453-2980

Fax (802) 453-2975

APPLICATION FOR ZONING PERMIT

Applicant's name(s) and _____
Mailing address: _____

Street _____ City _____ State _____ Zip Code _____
Telephone: Home: _____ Work: _____

Owner's name(s) and _____
Mailing address (if _____
Different from applicant's) _____

Street _____ City _____ State _____ Zip Code _____
Telephone: Home: _____ Work: _____

Location of Property: Highway name: _____
Parcel Number: _____

Type of Permit: Building ____ Subdivision ____ Other ____ (Temporary use; Home
Occupation; change of Use, etc.)

Brief description of proposed activity: _____

The applicant (or owner) must submit with the application a site plan or sketch (as accurate as possible but need not be to scale) showing the location of the proposed activity with respect to property boundaries, or, for subdivisions, the changes in property lines. New house construction and some other activities shall require a State of Vermont Waste Water Permit before a Certificate of Occupancy/Compliance can be issued.

Signature of Applicant: _____ Date: _____

Signature of landowner
(If other than applicant): _____ Date: _____

Permit fees paid: Amount: \$ _____ Date: _____ Received by: _____
(Must include Recording Fee if applicable) (Initials)

DISPOSITION OF PERMIT: Granted: ____ Denied: ____ Date: _____

_____ **Zoning Administrator, Town of Lincoln**