

Zoning Permit Application # _____
(To be assigned by Zoning Administrative Officer)

- 1. Property Tax Map # 040326 Acres \$.90
- 2. Locatable 9-1-1 address 291 WINDHAM SPRINGS
- 3. Applicant: MICHAEL RECORD
Address PO. BOX 91 CHESTER, VT. 05143
Phone # (802) 875-4284
- 4. Owner's Name (If different from Applicant) _____
Address SAME
Phone # _____
- 5. Permit requested for: (ex: house, garage, deck, addition, pond, fences, etc.)
ADDITION
- 6. Description of proposed improvement or change: 8' x 12' ADDITION
TO THE BACK OF BUILDING

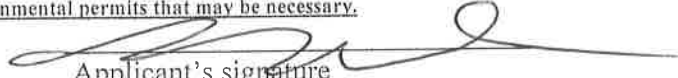
(If a structure, # of stories, foundation, gross living area, building height, etc.)

- 7. If appropriate, use for residence vacation _____ rental _____
- 8. Attach a sketch of the property on a separate sheet that shows the dimensions of the property, the location of any structure (existing or proposed) on the property. The distance between such structures and property lines (setbacks). Location of driveways and parking areas. Location and size of septic systems and water source. Indicate location and names of waterways, ponds, & roads. Sketch of improvements & floor plans.

CERTIFICATION OF APPLICANT

The undersigned applicant hereby certifies that all information submitted on this application is true and accurate and that the information provided is complete. The applicant understands that a permit issued by the Town of Windham does not include any other governmental permits that may be necessary.

10/29/18
Date


Applicant's signature

CERTIFICATION/AUTHORIZATION OF PROPERTY OWNER

The undersigned property owner hereby certifies that the information submitted in this application regarding the property is true, accurate and complete. The applicant has full authority to request approval for the proposed use of the property and any proposed improvements. This authorization allows Town Officials access to the property for the purpose of reviewing all aspects of this application. The owner understands that a permit issued by the Town of Windham does not include any other governmental permits that may be necessary.

Date

Owner's signature

If upon inspection of the site, any of the above information is found to be incorrect, the APPLICANT will be held solely responsible. The OWNER must obtain a CERTIFICATE OF CONFORMANCE before using or occupying any building.

FOR COMPLETION BY ZONING ADMINISTRATIVE OFFICER

Date received 10/29/18 Fee Paid 25.00 PM Recording Fee** Payment of \$10.00
Action by Zoning Administrative Officer: CK# 2254 to 'Town of Windham' **

Approved: Date - _____ Approval effective after: Date - _____
or Denied pending Conditional Use Approval: Date - _____
or date Denied and reason for denial _____

SIGNATURE OF ZONING ADMINISTRATIVE OFFICER. _____

Any decision of the Zoning Administrative Officer may be appealed to the Zoning Board of Adjustment by filing a written notice of appeal with the clerk of the Zoning Board of Adjustment within Fifteen (15) days of the date of the Zoning Administrative Officer's decision.
Posted Windham, VT Town Clerk Office on _____

WINDHAM, VT TOWN CLERK'S OFFICE
RECEIVED FOR RECORD
THIS _____ DAY OF _____ AD 20____
AT _____ O'CLOCK _____ MINUTES _____ M AND
RECORDED IN WINDHAM LAND RECORDS
BOOK _____ PAGE _____

ATTEST: