

Town of Cabot

Application For Zoning Permit

The undersigned hereby requests a Zoning Permit for the following use, to be issued on the basis of the representations contained herein. Permit voided in the event of misrepresentation or failure to undertake construction within one year of the date of approval.

Name, address, telephone number of Applicant: _____

Name, address, telephone number of Landowner: _____

Location of Property _____

Tax Map Description: Book _____ Page _____ Parcel No. _____

New Construction: _____ Addition _____

Lot Size (square feet and/or area) _____ Frontage on Public Road _____

BUILDING - Length _____ Width _____ Number of Stories _____

SETBACK from Road right-of-way _____ Rear _____ Side _____ Side _____

Type of Water System _____ Type of Sewage System _____

NOTE: A general plot plan showing the location of the property and buildings or work area must be attached to this application; you may use the back of this form for a drawing.

Signature of Landowner _____

FOR USE BY ADMINISTRATIVE OFFICE ONLY

Application Number _____ Date received _____ Fee Paid \$ _____

Approved _____ Denied _____ Referred to Board of Adjustment _____ Date _____

Reason for Denial _____

Signed: _____ Zoning Officer Or Sewage Officer

An interested person may appeal any decision by the Administrative Officer within fifteen (15) days of the date of said decision. This permit shall not take effect until the time for such appeal has passed.