

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. ***The Permit is void in the event of misrepresentation or failure to undertake construction within one year of the date of approval. This application must be submitted with the appropriate fee.***

Name, Address, Telephone number of Applicant: _____

EMAIL(optional): _____

Name, Address, Telephone number of Landowner: _____

Location of Property: _____

Type of Construction: _____

Examples: New one family residence, Detached garage, Attached porch or deck, Dormer, Shed, Addition, Accessibility modification. Include brief description.

Lot Size(Square feet or area): _____ Frontage on Public Road _____

BUILDING-Length _____ Width _____ Number of Stories _____

SETBACK: Right of Way _____ Rear: _____ Side _____ Side _____

Type of Water System: _____ Type of Sewage System: _____

PLOT PLAN (required): A general plot plan showing the location of the property and buildings or work area must be attached to the application. You may use the back of this form for a drawing.

Signature of Landowner: _____

FOR USE BY ADMINISTRATIVE OFFICE ONLY

Application No. _____ Date Received: _____ Fee Paid:\$ _____

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

Reason for Denial: _____

Signed: _____ [] Zoning Administrator [] Sewage Officer

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