

TOWN OF MENDON

APPLICATION OR APPEAL TO ZONING BOARD OF ADJUSTMENT
(Submit in Triplicate of Secretary,
Mendon Zoning Board of Adjustment)

DATE: _____

Landowner: _____ Address: _____ Phone _____

Appellant: _____ Address: _____ Phone _____
owner, lessee or agent

Location of Property _____

Tax map description: Map no. _____ Block _____ lot _____

Type of Application or Appeal (check one)

- () Appeal from a decision of the Town of Mendon Zoning Administrator. (A copy of this appeal must be filed with the Town of Mendon Zoning Administrator.)
- () Application for a conditional use permit ("Other Use" Permit)
- () Application for a variance. (Must meet the conditions of 24 V.S.A., Section 4468 before approval may be granted.)

(1) Section of Mendon Zoning Regulation involved _____

(2) State the variance (or conditional use or decision) desired:

(3) State all the grounds why you feel the variance or conditional use should be granted or why the Zoning Administrator's decision should be reversed:

The appellant or applicant should submit with this form plans, elevations, landscaping diagrams, traffic circulation diagrams, neighborhood land use maps and any additional information and data required to advise the Board fully with reference to the application or appeal.

Signature of appellant or applicant _____

FOR USE BY ZONING BOARD OF ADJUSTMENT

Zoning Permit No. _____ Fee Paid _____ Date _____

Notice of Hearing _____ Date of Hearing _____

Notices mailed to _____

Approved _____ Denied _____ on the basis of the following determinations or conditions: _____

Date of decision _____

Secretary, Zoning Board of Adjustment
