



Town of Enosburgh

239 Main Street
Enosburg Falls, VT 05450

Development Review Board

Received in Office: _____

Parcel #: _____

Application or Appeal No. _____

Date: _____

Applicant / Appellant and mailing address: _____

Email: _____

Owner of Record: _____

Location of Premises: _____

Zoning District: _____

Property Dimensions: Frontage _____ Depth _____ Area in Square Feet _____

Type of Application: (check one)

- Appeal from decision of Zoning Administrator
- Application for Conditional Use Permit under Section _____ of the Ordinance
- Application for a Variance under Section _____ of the Ordinance
- Permit under Section _____ of the Ordinance
- Site Plan Review
- Sign Plan
- Right of Way

Describe the nature of the application or appeal _____

If a Variance is requested, appellant must be prepared to prove that he/she meets the requirements of 24 V.S.A. Section 4468 of the Act before approval is granted.

The owner, applicant / appellant should submit a plot plan showing all dimensions and distances between structures and boundaries, indicating abutting property owners, and any additional information required to provide the Board with full information regarding this application, along with the application fee \$150.00 and the recording fee, \$10.00.

Signature of Applicant / Appellant: _____

Signature(s) of all Property Owners: _____

For Use by Development Review Board

Building / Zoning Permit No. _____ Date Fee Paid _____

Date Notice of Hearing Mailed _____ Date of Hearing _____

Date of Decision _____ Denied _____ Approved _____

Date Findings Due _____ Date Findings Issued _____

Planning Commission Approval Required _____ if so, date approved _____