

**TOWN OF ENOSBURGH
ZONING OFFICE
PO BOX 465
ENOSBURG FALLS, VERMONT 05450
(802) 933-4409**

DEVELOPMENT REVIEW BOARD APPLICATION *

Date received: _____ Parcel #: _____

Application or Appeal No. _____ Date: _____

Applicant/Appellant and mailing address: _____

Owner(s) of Record: _____

Location of premises: _____ Zoning District: _____

Property Dimensions: Frontage _____ Depth: _____ Acreage: _____

*Type of Application: (check only one. **Use additional application form for each application type**)

- Appeal from decision of Zoning Administrator
- Application for Conditional Use under Article 3, Section 3.3 of the Town Bylaw
- Application for Site Plan Approval under Article 3, Section 3.4 of the Town Bylaw
- Application for a Variance under Section _____ of the Town Bylaw
- other: (please define and make reference to specific Bylaw article)

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 must submit a plot plan which shall include all specific requirements as mentioned in Article 3, Section 3.4 of the Town of Enosburgh Bylaw. The fee for each hearing type is \$150 plus a \$15 recording fee.

Signature of Applicant/Appellant: _____

Signature of all Property Owners: _____