

Town of Pittsford, Vermont
CONDITIONAL USE AND VARIANCE APPLICATION

Parcel ID # _____ Map ID # _____

In reference to zoning permit
Number: _____

Please Check one: Variance Conditional Use

PROPERTY OWNER/APPLICANT INFORMATION

Applicant: _____ Phone No.: _____

Mailing Address: _____ Zip Code: _____

Street Address of Property: _____ Lot Size: _____

Property Owner (if not same as Applicant): _____ Phone No.: _____

Mailing Address: _____

DESCRIPTION OF PROPOSED PROJECT

The proposed work involves the following (check ALL that apply): New structure New Sign
 Alteration/Renovation Addition/enlargement Demolition/removal
 Change of use Expansion of Use Subdivision None of the above

Description of proposed work (be specific): _____

Proposed Conditional Use or Nature of Variance Requested (be specific): _____

CERTIFICATIONS OF APPLICANT AND/OR PROPERTY OWNER

PROPERTY OWNER: The undersigned property owner hereby certifies that the information for this application is true, accurate, and complete and that the Applicant has full authority to request approval for the proposed use of the property and any proposed structures.

Property Owner's signature

Date

APPLICANT (if not property owner): The undersigned applicant hereby certifies that ALL the information submitted for this application is true and accurate and that the information provided is complete.

Applicant's signature

Date

Date application received: _____

Fee received: _____