



**ADMINISTRATIVE OFFICER REVIEW AND INITIAL ACTION**

Tax Parcel No. \_\_\_\_\_ Lot Size (sq. ft. or acres) \_\_\_\_\_ Zoning District \_\_\_\_\_

Deemed Complete \_\_\_/\_\_\_/\_\_\_ Design Review Required? \_\_\_Yes \_\_\_No

Are there public utilities on this parcel? \_\_\_Yes \_\_\_No Special Flood Hazard Area? \_\_\_Yes \_\_\_No

Administrative Decision  Referred to Development Review Board or ARC  
 Date of Action \_\_\_\_\_ Signed \_\_\_\_\_  
 Zoning Administrator

**FINAL DECISION**

**ZONING PERMIT #** \_\_\_\_\_

Approved Basis for Approval \_\_\_\_\_

Denied Reason(s) for Denial \_\_\_\_\_

Date of Decision \_\_\_\_\_ Signed \_\_\_\_\_  
 Zoning Administrator

- \* An interested person may appeal any decision by the administrative officer within 15 days of the date of such decision. This permit shall not take effect until the time of such appeal has passed.
- \* This is a Zoning Permit only. Additional City permits for signage and construction may be required.
- \* Applicant must obtain relevant state permits. Call 802-282-6488 for the regional Permit Specialist.
- \* Permit is void if failure to begin implementation within (120) days of the date of approval unless an extension is granted.

Appealed? \_\_\_Y \_\_\_N

Effective Date \_\_\_\_\_

<u>Conditions of approval</u>

**This space is for City Clerk's Recording Information**