

TOWN OF VERNON
Application To Zoning Board of Appeals

Application Date: _____ Fee: _____ District _____

Tax Parcel Number: Section: _____ Block: _____ Lot: _____

Reason for Denial _____

Application for (*check one*) () Interpretation () Area Variance () Use Variance
() Special Use Permit () Appeal of Action of Zoning codes Officer

Applicant's Name: _____ Phone Number _____

Owner of Property (*if different*): _____

Applicant's Address: _____

Purpose of Request: _____

Owner should submit with this application supporting materials including Plans, Specifications, Copy of Tax Map, Tax Parcel Number, Plot Plan, Copy of Deed and any other materials that will assist the Board:

Plans/specifications () Copy of Tax Map () Copy of Deed () Plot Plan ()

The lot size on which the said structure (is) or (will be) located is _____ front and _____ deep.

It is located _____ from the intersection of _____ and _____ streets.

Proposed use for parcel: _____

If application is for Variance or Special Permit attach brief statement of reason for application.

Signature of Property Owner/Applicant

OFFICE USE ONLY

Date received _____ Date of hearing _____

Date of Decision _____ () Approved () W/conditions () rejected () withdrawn