



# APPLICATION FOR APPEALS or VARIANCE

## TOWN OF WOLCOTT

PO Box 100, Wolcott, VT 05680

[zoning@wolcottvt.org](mailto:zoning@wolcottvt.org)

PERMIT # \_\_\_\_\_ Application Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ Recording Fee \_\_\_\_\_

### Parcel location information

911# \_\_\_\_\_ Physical location \_\_\_\_\_ Deed: Book \_\_\_\_\_ Page \_\_\_\_\_

### Permit applicant information

Name \_\_\_\_\_ Mailing address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone or Cell# \_\_\_\_\_

### Parcel Owners Information (if different from applicant)

Name \_\_\_\_\_ Mailing address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone or Cell# \_\_\_\_\_

**Appeal** of a decision or act of the Zoning Administrator. \_\_\_\_\_

**Variance**, seek relief from zoning bylaws due to physical characteristics of a particular lot. \_\_\_\_\_

Nature of relief requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we pledge that the information provided is true and accurate to the best of my/our knowledge. I/we also understand that in the event of misrepresentation this application shall be null and void.

**Landowners**

**Applicant**

### FOR TOWN USE ONLY

Permit # \_\_\_\_\_ Parcel ID # \_\_\_\_\_ Hearing Date/time \_\_\_\_\_ Zoning District \_\_\_\_\_

Acres in Parcel \_\_\_\_\_ Survey on file \_\_\_\_\_ Submittals \_\_\_\_\_

Minutes \_\_\_\_\_ Interested persons \_\_\_\_\_ Other Document needed \_\_\_\_\_

Site visit \_\_\_\_\_ Date / Time \_\_\_\_\_ Remarks \_\_\_\_\_

Approval/Denial Reasons \_\_\_\_\_

\_\_\_\_\_