



APPLICATION FOR CONDITIONAL USE

TOWN OF WOLCOTT

PO Box 100, Wolcott, VT 05680

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# _____

Proposed Use: *(please check all that apply)*

New Construction _____ Commercial _____ Accessory Use _____ Change of Use _____ Renovation _____

Project Description:

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. I/We grant permission to the Zoning Administrator to enter our property for inspection pertaining to this permit.

Landowners

Applicant

FOR TOWN USE ONLY

Permit # _____ Parcel ID # _____ Zoning District _____ Acres in Parcel _____

Water & Septic Plans _____ Survey on file _____

Other Permits needed _____

Site visit ___ Date / Time _____ Remarks _____

Approved/Denied Reasons _____

Other Information _____