
TOWN OF DORSET APPLICATION TO ZONING BOARD OF ADJUSTMENT

The undersigned hereby requests a hearing before the Dorset Zoning Board of Adjustment on the basis of representations contained herein, knowing that the hearing will be voided in the event of misrepresentation.

- **Contact the Zoning Administrator for assistance in completing this application.**

Date: _____	
Name of Land Owner: _____	Phone: _____
	E-Mail: _____
Mailing Address: _____	
Parcel Physical Address: _____	
Parcel Tax Map Number: Map # _____	Block # _____
	Lot # _____
Zoning District: _____	
Notices of hearing sent certified mail, return receipt requested to: _____	

Name of Appellant: _____	Phone: _____
	E-Mail: _____
Mailing Address: _____	

Type of Application
(Check one)

() Appeal from decision of Administrative Officer. (A copy of this appeal must be filed with the Administrative Officer.) Fee, \$75.00

() Application for Conditional Use permit. Fee, \$35.00

() Application for a variance. (Must meet the conditions of 24 V.S.A., Section 4468 before approval may be granted. Fee, \$75.00

Provision of Zoning Ordinance in question: _____

Reason for appeal: _____



The owner or appellant should submit with this application, plans, neighborhood land use, and any additional information and data required to advise the Board fully with reference to the application or appeal.

Signature of appellant: _____ Date: _____

FOR USE BY BOARD OF ADJUSTMENT

Appeal No. _____

Zoning Permit Number: _____ Fee Paid: _____ Paid By: _____ Date: _____

Notice of Hearing Posted Date: _____ Date of Hearing: _____

Notices of decision mailed to: _____

Approved Date: _____ Denied Date: _____

Denied on the basis of the following determinations or conditions:

Date of Decision: _____ Signature of Chairperson, Board of Adjustment: _____