Town of Dover Zoning Permit

P.O. Box 428 West Dover VT 05356	Zoning Admin: 802 464-8000 - Ext. 7
email: zoning@doververmont.com	fax#: 802-464-8721

To be filled out by **Owner** and **Applicant**

Date:	Арр Со	mpleted Dat	te	A	pplication #	
Mailing address:		-			n n n n n n n n n	
				D	enied	
All correspondence will be						
Physical location	of property:					
Owner:			Applicant: (if different from	om owner)		
Street/PO Box:			Street/PO B	lox:		
City/State/ZIP			City/State/Z	IP _		
Phone			Phone	-		
Email			Email	_		
Signature/Date			Signature/	Date _		
Authorization Signa	ture:			(Owner Aut	horizes Applicant to	act on behalf of Owner)
the property to perform the n	eeded inspection.			appreation di		or designee permission to enter
E911:			Parcel ID:		Zone:	Acres:
REQUIRED: Relevar	nt Section(s) of B	ylaw:				
□Conditional Use	□Variance	□Appeal		Other:		
Specific relief reques	ted:					
Fee: + \$25.00 appli + \$15.00 per r + \$ (ntact <u>Rick.Oberl</u> the region cation base fee bage recording fee (other)	kirch@vermor aal Permit Spec	IS MAY BE REQUIR It.gov 802-282-6 ialist before begin (ex: record cks & basements * 1	488 to speaning any co	ak to Rick Oberk Instruction.	filing or other fees)
1 st floor	cauara f	oot	Eas Entira Puile	linau		
	square f square f		<i>For Entire Build</i> # of Rooms	<u>nng:</u>		
	square f					
	square f					
+ decks/porches _			# of ½ Baths			
	total so					
		-	vision: \$30 per lot.	PRD or PU	D are \$100)	
			ut to Town of Dove			
			Paid Date		:k#	