

Applicant shall contact Department of Public Works, 254-4255, to locate underground utilities if any excavation is planned. The applicant is urged to contact Dig Safe: 888-Dig-Safe

OFFICE USE:

TAX MAP NO: _____

APPLICATION NO.: _____

APP. FEE PAID: _____

DATE RECEIVED: _____

RECIPIENT: _____

Property Owner's Deed is recorded in: BOOK _____ PAGE _____ DATE RECORDED _____

APPLICATIONS WILL NOT BE REVIEWED UNLESS THE REQUIRED APPLICATION FEE HAS BEEN RECEIVED

FORM A

GENERAL APPLICATION FOR ZONING PERMIT

TOWN OF BRATTLEBORO, VERMONT

ALL SECTIONS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

1. APPLICANT

name: last SHAPIRO first ANDREW honorific _____

business name (if different from above) _____

mailing address (street or box no.) P.O. Box 109

city West Chesterfield state NH zip code 03466

telephone numbers: business (603) 762-0188 home (603) 256-3008 e-mail _____

(603) 762-2755 Laurie

2. PROPERTY OWNER:

name: last SHAPIRO first ANDREW

business name (if different from above) _____

mailing address (street or box no.) P.O. Box 109

city West Chesterfield state NH zip code 03466

telephone numbers: business same as above home _____ e-mail _____

3. PROJECT LOCATION: street number 100 street name Clark Street

4. HOW IS THE PROPERTY USED NOW?

Unused.

number of dwelling units 2 number of bedrooms 4 new bedrooms proposed NO

ON property

Please describe any accessory structures (secondary or auxiliary buildings) that are on the property.

A GARAGE

5. WHAT WORK IS PLANNED UNDER THIS PERMIT? (construction, subdivision, installation, or change of sign, etc.)

Please be specific. Application must include number of stories and square footage of gross floor area for all construction.

Demolition of Garage

