

**City of Essex Junction, VT
Appeal Application**

For Office Use: Permit # _____
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Property description (address) for application _____

Applicant information

Applicant _____ Day Phone _____
Address _____
Email Address _____

Owner of Record (attach affidavit if not applicant)

Applicant _____ Day Phone _____
Address _____
Email Address _____

Applicant's agent (if applicable)

Applicant _____ Day Phone _____
Address _____

Property information

Zoning District _____ Current Use _____ Tax Map Page # _____
Lot # _____ Lot size sf _____

Briefly describe your purpose of Appeal (attach statement which describes how your appeal conforms to provisions of the Code):

Specify decision which you are appealing:

Attach an electronic copy and six (6) physical copies of your proposal, supporting documentation required by the Code and the appropriate completed checklist thirty (30) days prior to a scheduled meeting. Applications that are not complete cannot be accepted for review. I certify that the information on this application is true and correct. I agree to abide by all the rules and regulations as specified in the Land Development Code and any conditions placed upon approval of this application.

Applicant

Date

Land Owner (if different)

Date



Staff Action

Date received _____ Meeting date: _____

Commission / Board Action: Approved _____ Denied _____ Date: _____

Other approvals/conditions _____

**** Fee based on current Fee Schedule**

Staff Signature

Date

Fee Amount:**

Fee Verified:

