

TOWN OF HALIFAX, VERMONT
ZONING PERMIT RENEWAL APPLICATION

Parcel ID _____

Application # _____

(For Use By Administrative Officer Only)

Original Application #: _____

Original application approval date: _____

Date Renewal Application APPROVED: _____ or DENIED: _____

Fee Paid: \$ _____

The purpose of a renewal zoning application is to extend the original permit by two years. The scope of work to be performed must NOT be different from the original zoning permit. If changes are made a NEW zoning application is required.

INSTRUCTIONS TO APPLICANTS: Please submit renewal application and \$35 fee to: Zoning Administrator, c/o Halifax Town Office, P.O. Box 127, West Halifax, VT 05358 or to the Town Clerk at the Town Clerk's Office.

ALL ITEMS MUST BE COMPLETED & FEES PAID OR THIS APPLICATION WILL BE RETURNED

(If questions are not applicable to your project, please indicate so.)

1. Name of Applicant _____ Phone # _____

Mailing Address _____

2. Name of Landowner _____ Phone # _____

(if different than Applicant)

Mailing Address _____

3. Location of Property _____

I (WE) HEREBY CERTIFY THAT ALL STATEMENTS HEREIN CONTAINED ARE TO THE BEST OF MY (OUR) KNOWLEDGE, TRUE AND CORRECT.

Signature of Applicant: _____ Date _____

Signature of Landowner: _____ Date _____

(required if different than Applicant)

(For Use By Administrative Officer Only)

DECISION: APPLICATION FOR A ZONING PERMIT RENEWAL AS REQUESTED ABOVE IS
HEREBY APPROVED DENIED

Conditions of Approval: _____

Reasons for Denial: _____

Signature of Administrative Officer: _____ Date _____

ANY INTERESTED PERSON, AS DEFINED BY CHAPTER 117, TITLE 24, SECTION 4465, MAY APPEAL ANY DECISION OF THE ADMINISTRATIVE OFFICER TO THE ZONING BOARD OF ADJUSTMENT WITHIN 15 DAYS OF SUCH DECISION.