Date Post	ted	Permit #		(All permit fee	es include a \$15.00 recording fee)			
	e: \$115.00 for all structures e: \$ 40.00 sign only permit	Date:	Permit Approved: Denied:					
		Date:		Permit Appealed:				
Zoning A	Administrator							
	Original document with a	•		~				
		TOWN OF S						
		Main Road, Stamford,		` ,				
		pplication for a Building o						
		morandum of Municipal A	ction 2	4 V.S.A. section 4449(c)				
SECTIO								
1.	911 Street Address: Deed recording: Book #			District	:			
	Deed recording: Book #	Page	#	Lot #				
2.	Legal name of landowner/applicant:							
	(list all owners of record as shown on deed)							
	Mailing address:			Tel #				
3.	Name of builder:							
4.	Existing use:							
5.	Proposed use: Residential Commercial	Seasonal_ Other		Professional	Industrial			
6.	Brief description of project:							
7.	Dimensions of proposed bui	lding or addition:						
8.	Lot size:	acres	Road	frontage:				
9.	Setback from: Road right o	f way:		Rear property line:				

SECTION II

1. A general plot plan showing: boundaries, dimensions, area of the lot, existing and proposed buildings, location of water supply and septic system/leach field and a north arrow, <u>must</u> be provided on a separate 8 ½" x 11" sheet of paper.

- 2. Initiation of construction on a new house cannot be undertaken until a state waste water permit is issued and a copy is provided to the Zoning Administrator, if applicable.
- 3. A copy of the plans for the new construction (and picture, if available) must accompany this application.
- 4. If you are constructing a new house or building on a vacant lot, please contact the Town Clerk to obtain a 9-1-1 locatable address.
- 5. You are also responsible for obtaining permits for driveway, sign, etc. (if applicable). If your proposed construction or project lies within a Flood Hazard Area, you are also required to adhere to the Town of Stamford's Flood Hazard Area Regulations (Appendix I of the Zoning By-Laws) and provide the Zoning Administrator with the appropriate report.

SECTION III

I swear under the pains and penalties of perjury that the statements contained in this application are true to the best of my knowledge and belief. This permit is valid for two (2) years and can be extended for one (1) additional year upon written request to the Zoning Administrator. Submission of this document authorizes the Zoning Administrator to view and inspect the property before, during and upon completion of the project for which this permit is granted.

Date:	Signa	Signature of Applicant:					
be returne	d to the applicant. THIS AP	bove-required information will PLICATION DOES NOT AUTOM IST AT (802) 282-6488 or (800)	ATICALLY QUALI	omplete application which will FY YOU FOR A STATE PERMIT.			
			Date received in Town Office te receipt by Zoning Administrator.)				
. , ,		* FOR USE BY ZONING ADMINI	,	******			
Application P	ermit #	Date received by Zoni	Date received by Zoning Administrator				
Application:	Approved	Denied	Referred	Date:			
If approved,	Effective Date		(there	is a fifteen (15) day appeal period)			
If denied or r	eferred to Planning Commi	ssion and/or Zoning Board of A	Adjustment, cite	applicable Zoning Bylaw section			
•	is denied, you may appeal ustment within fifteen (15)	_	ninistrator by fil	ing an Application to the Zoning			
Zoning Board	l of Adjustment Action:			(if required)			
			ng Administrator				
Distribution:	Applicant Town Office – for posting		nent	7. Selectboard 8. Zoning Administrator file (orig.)			

6. Planning Commission

3. Bilmonts Store – for posting