

**TOWN OF LINCOLN  
62 QUAKER STREET  
LINCOLN, VERMONT 05443**

Application No: \_\_\_\_\_

Date: \_\_\_\_\_

Phone (802) 453-2980

Fax (802) 453-2975

**APPLICATION FOR ZONING PERMIT**

Applicant's name(s) \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
Street City State Zip Code

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Owner's name(s) and \_\_\_\_\_

Mailing address (if different from applicant's)

\_\_\_\_\_  
Street City State Zip Code

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Location of Property: Highway name: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_

Type of Permit: Building \_\_\_ Subdivision \_\_\_ Other \_\_\_ (Temporary use; Home Occupation; change of Use, etc.)

Brief description of proposed activity: \_\_\_\_\_  
\_\_\_\_\_

The applicant (or owner) must submit with the application a site plan or sketch (as accurate as possible but need not be to scale) showing the location of the proposed activity with respect to property boundaries, or, for subdivisions, the changes in property lines. It is the obligation of the applicant to identify and obtain any state permits before beginning construction. Contact our area DEC Permit Specialist at (802) 786-5907 for information concerning any permits.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of landowner  
(If other than applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Permit fees paid: Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_  
(Must include Recording Fee if applicable) (Initials)

**DISPOSITION OF PERMIT: Granted: \_\_\_ Denied: \_\_\_ Date: \_\_\_\_\_**

\_\_\_\_\_  
**Zoning Administrator, Town of Lincoln**