

TOWN OF BRIDPORT

PO Box 27
82 Crown Point Road
Bridport, VT 05734

APPLICATION FOR ZONING PERMIT

Applicant's name(s) and _____

mailing address: _____

Email Address: _____

Telephone: Home: _____ Work: _____

Owner's name(s) and
mailing address (if
different from applicant's): _____

Telephone: Home: _____ Work: _____

E-911 locatable address: _____

Town highway name: _____

Tax map identification: Parcel ID# _____

Type of permit requested: Building/Development Conditional Use
 Subdivision Variance

Briefly describe the proposed activity: _____

The applicant (or owner) should submit as attachments to this application a dimensioned site plan or sketch (which need not be to scale) showing the location of the proposed structure with respect to the property boundaries. If the proposed project requires the installation of a new or substantially altered wastewater/sewage disposal system, the applicant should also submit a copy of a soils test report for the property and a septic system design prepared by a certified Licensed Designer currently registered and licensed to practice in the State of Vermont.

Signature of applicant: _____ Date: _____

Signature of landowner
(if other than applicant): _____ Date: _____

Permit fee paid: Amount: \$ _____ Disposition of permit: Granted Denied

Permit number Zoning Administrator Date: _____

Form APA-1 (07/17/2023)

Zoning contact: Michael Wojciechowski -
(802)-758-2483 ext 2 bridportzoning@gmavt.net