



TOWN OF COLCHESTER
APPLICATION FOR
APPEAL

Permit # AP-_____-_____

All information requested on this application must be completed in full. Failure to provide the requested information either on this application form or completion of the abutter list (Exhibit A) will result in your application being rejected and a delay in the review before the Development Review Board.

1) LAND OWNER OF RECORD (Name, mailing address, phone and email)_____

2) PROJECT STREET ADDRESS:_____

3) TAX MAP & PARCEL #(can be obtained at Assessor's Office)_____

4) APPLICANT (Name, mailing address, phone and email)_____

5) CONTACT PERSON (Name, mailing address, phone and email)_____

6) APPEAL TYPE: () appeal of decision of Zoning Administrator () Notice of Violation

Provision of zoning ordinance in question_____

7) REASON FOR APPEAL (Attach separate sheet if necessary)

8) APPEAL FEE

An appeal fee of \$368 shall be paid to the Town at the time of submittal. In accordance with Colchester's Fee Ordinance Chapter 6 ½ - 4, applicants for all permits are responsible for costs of reviews conducted by third-party consultants/experts requested by the Town.

*Please submit one paper copy and a digital copy of the application in pdf (file not exceeding 20mb) via email to pzinfo@colchestervt.gov. If online submittal is not feasible, submissions will be accepted via CD/ DVD. Application forms, plans, and supporting documents shall each be separate pdfs and plans shall be submitted as a set whenever feasible. Files shall be named the address of the property and the type of document followed by the year (i.e. 205RooseveltHwyApp15). Each file name shall be unique with no spaces and characters shall be numbers or letters (no characters such as hyphens, #, &, or *). All pdfs shall be at least at 300dpi, color, and to scale if a plan, elevation, or similar document.*

I hereby certify that all the information requested as part of this application has been submitted and is accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

SIGNATURE OF LAND OWNER

By the land owner signature, the land owner is authorizing the applicant to act on their behalf.

☐ Check this box if the contact person listed is authorized to act on behalf of the applicant and land owner.

Do not write below this line

DATE OF SUBMISSION: _____

FEE PAID: _____

I have reviewed this appeal application and find it to be: ☐ Complete

☐ Incomplete

Zoning Administrator or Designee

Date

EXHIBIT A
ADJOINING PROPERTY OWNER INFORMATION

(please use the interactive map at Colchestervt.gov for info & try to include direct abutters as well as adjacent properties along the shoreline within the area of affect as well as across the street)

Example: Tax Map 7, Parcel 57 John and Jane Doe P.O. Box 55, 835 Blakely Road Colchester, VT 05446		