

**TOWN OF BARNET
APPLICATION TO THE PLANNING-ZONING BOARD**

Application Number: _____

1. Name, address, and telephone number of the applicant: _____

2. Name, address, and telephone number if different than applicant: _____

3. Location of property: _____
4. Type of application (check one):
 - A. **Request for interpretation of zoning ordinance or map.**
Provision of zoning ordinance in question: _____

 - B. **Appeal of a decision of the administrative officer.**
Please include a copy of permit with this application.
Permit #: _____
Reason for appeal: _____

5. The following documents are submitted in support of this application:

6. Signature of applicant: _____
7. Date: _____

An interested person must appeal a decision of the Board within thirty (30) days of the decision to the Environmental Court (H.871 in 1995).

Please mail this form with the fee of \$30.00 plus \$15.00 recording fee payable to the "Town of Barnet" to Secretary, Dawn Holtz, 1745 Barnet Center Road, Barnet, VT 05821.

DO NOT WRITE BELOW THIS LINE. FOR TOWN USE ONLY.

Received: _____ Fee: _____ Hearing Date: _____
Time: _____ Location: _____
Decision: _____

Conditions: _____
Permit Effected: _____ Permit Expires: _____
Signed: _____, Planning/Zoning Board Chair
Date: _____