APPLICATION #:					
(to be assigned by the Town Clerk)					

## Received:

## TOWN OF STRAFFORD, VERMONT Waiver or Variance Permit Application

Name	of Landowner	Telephone # or Cell #				
Mailin	g Address					
Physic	eal Address	Parcel ID#				
Email						
Name	of Applicant if different than landowner	Telephone # or Cell #				
Email						
1.	Location of Parcel:(Please attach a copy of your deed).	BookPage				
2.	Total acreage of Land: Zone:Current	Use:				
3.	3. Are there any easements/restrictions or covenants on the property?					
	If yes, please explain:					
4.	Proposed Use Requested:					
5.	5. Are their unique physical circumstances or conditions within this lot preventing you from staying within the Zoning Regulations? Please explain:					
6.	Have you filed a Site Plan review application: Ya site plan review is needed to continue the Waiver or Varia					

Moving forward, please refer to section 6.3 Waivers and Variances of the Strafford VT Unified Bylaws dated November 16, 2023 for all requirements.

**ABUTTERS:** (Including those across a public right-of-way) \*\*\*Attach Additional Sheets if necessary\*\*\* Name and mailing address of ALL abutters, please print clearly and confirm all address are correct (or an additional fee will apply) by reviewing Listers Cards that are accessible via the Town of Strafford's Web Site <a href="https://www.straffordvt.org/town-clerk">https://www.straffordvt.org/town-clerk</a>

1.		
Name	Address	City, State, Zip
2.		
Name	Address	City, State, Zip
3.		
Name	Address	City, State, Zip
4.		
Name	Address	City, State, Zip
5.		
Name	Address	City, State, Zip
6.		
Name	Address	City, State, Zip
7.		
Name	Address	City, State, Zip
8.		
Name	Address	City, State, Zip
9.		
Name	Address	City, State, Zip
10.		
Name	Address	City, State, Zip
	nformation provided with this applicati I belief. I have a copy of the Strafford Z	ion is true, correct and complete to the Coning Regulations and have read the
(Circle one) Landowne	r Or Authorized Agent	- Date
Witness		 Date

This Variance Permit is	is Not	Approved by the	e (DRB).
With the following conditions:			
Denied/Reason:			
Signature:		Date:	
Signature: Chair, Strafford Dev	elopment Review E	Board	-
Waiver or Va	ariance Application	Fee \$300.00 plus recording	g fee
Revised 06/2023 FOR OFFICE USE ONLY: Fee \$	Ck#	Received By:	Date:
Additional Fee's:	Re	ason:	
Received by:	Da	te:	