Date Received_____

APPLICATION TO THE ROCHESTER ZONING BOARD OF ADJUSTMENT
Conditional Use/Waiver Request/Variance Request/
Appeal of Administrative Officer Decision

Name of Applicant/Appellant _____

I. Conditional Use Application: Requires completed Building and Zoning Permit Application PLUS the following:

Please see 24 VSA Sec 4414(3) and Rochester Zoning Regulations Sec 4.28 (available at Town Office). See also Rochester Building and Zoning Information Sheet.

Attach a brief description of the reason for your Conditional Use application.

II. Waiver: Requires completed Building and Zoning Permit Application PLUS the following:

Please attach a statement specifying which Zoning Regulation you wish to have waived and why.

III. Variance: Requires completed Building and Zoning Permit Application PLUS the following:

Please attach a statement specifying for which Zoning Regulation you seek a variance and why.

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IV. Appeal of Administrative Officer Decision

Please see the requirements outlined in the Rochester Zoning Regulations Sections 4.16 through 4.18 (available at the Town Office).

I (We),_____ of (address)_____

_____
hereby appeal the decision of the Administrative Officer on the application for Building and Zoning Permit No. _____, approved/denied on (date) _____.

Please attach a statement of the basis for your appeal along with a **$10.00 Fee.**

Rev. 4/11