

Town of Castleton  
Appeal to the DRB (Development Review Board)

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's address \_\_\_\_\_

Legal description of Property: (Tax ID #) Map # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

Address of Property \_\_\_\_\_

Landowner (If other than above) \_\_\_\_\_ Phone # \_\_\_\_\_

Landowner's address \_\_\_\_\_

Interest in property \_\_\_\_\_ Date property acquired \_\_\_\_\_  
(owner, lessee, agent, neighbor)

Check Type of Application: **ALL APPLICATIONS MUST BE FILED WITH ZONING ADMINISTRATOR**

- Appeal from a decision of the Zoning Administrator. Copy of ZA's decision should be filed also.
- Application for a Conditional Use
- Application for a Variance
- Application for a Change of Nonconforming Use
- Application for a subdivision
- Site Plan Review

Previous use \_\_\_\_\_

Proposed use \_\_\_\_\_

Provision of zoning ordinance in Question \_\_\_\_\_

Reason for appeal \_\_\_\_\_

Specific relief requested \_\_\_\_\_

The following documents are submitted in support of this application: \_\_\_\_\_

Use additional blank sheet of paper if needed for any question.

Application fee must accompany application form. Check is to be made out to the Town of Castleton.

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
For ZA use

Permit # \_\_\_\_\_ Appeal # \_\_\_\_\_ Date Received by ZA \_\_\_\_\_ Fee Paid Yes No

Date of Notice \_\_\_\_\_ Date of Hearing \_\_\_\_\_ Site visit date (if any) \_\_\_\_\_

Date of Decision \_\_\_\_\_ Decision (circle answer) Approval Denial Conditions Yes No

Zoning Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_