

**DEVELOPMENT REVIEW BOARD
BRANDON, VERMONT**

<i>Town Office Use Only</i>			
Town of Brandon	Tax Map # _____	Date Completed: _____	
49 Center Street	Parcel ID # _____	Decision: _____	
Brandon, Vermont 05733	No. of Acres _____	Fee \$ _____	Check # _____
Phone: (802) 247-3635	Zone _____	Deed Reference _____	Rec'd by _____
FAX: (802) 247-5481			
Zoning Office: (802) 236-1885			

Application for a Conditional Use Permit

Applicant: _____
 Applicant Mailing Address: _____
 Applicant's Phone No.: _____

Landowner (if not the applicant): _____
 Landowner Mailing Address: _____
 Landowner Phone No.: _____

Property Location: _____

Detailed Description of Proposed Project:

NOTE: A fully completed Brandon Land Use Permit Application must be included with this Application for a Conditional Use Permit.

Signature of Applicant: _____

Signature of Landowner: _____

Date: _____

Comments by Administrative Officer: _____
