

Application Fee

Application Number

\$ _____

V- _____

**TOWN OF BARRE
DEVELOPMENT REVIEW BOARD
VARIANCE APPLICATION**

Please fill in all information requested. Failure to fill out completely may delay review. If you need assistance, please contact the Planning & Zoning Office. The Development Review Board meets every 2nd Wednesday of the month. Complete applications are due twenty-one (21) days prior to the next meeting. Please note: Additional local permits beyond town permits are required, as well as state permits may be required for proposed use. Applicant is advised to consider other permits and/or approvals that may be required. State permit specialists can be reached at 802-476-0195.

Applicant

Landowner

Name _____

Name _____

Mailing Address _____

Mailing Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

Property location _____

Parcel ID _____

Zoned _____

Provision of Zoning Ordinance in question: _____

Please provide a narrative for each criterion for variance questions. Answers must be in the affirmative. Attach statement.

1. Are there unique physical circumstances or conditions as to:
 - a. Irregularity, narrowness or shallowness of lot size or shape;
 - b. Exceptional topography or physical conditions peculiar to a particular property;
 - c. Unnecessary hardship due to the above?
2. Are there physical circumstances or conditions that prevent conformity to zoning regulations; And, a variance is necessary to enable "reasonable use" of the property.
3. Is it true that no unnecessary hardship was created by the applicant?
4. Is it true that a variance will not:
 - a. Alter the essential character of the neighborhood?
 - b. Substantially or permanently impair appropriate use or development of adjacent property?
 - c. Reduce access to renewable energy sources?
 - d. Be detrimental to the public welfare?
5. Is it true the variance represents the minimum deviation from regulation and plan to provide relief?

SUPPORTING DOCUMENTS

Please submit with this application: Plans, elevations, landscaping diagrams, traffic circulations diagrams, neighborhood land use maps and any additional information and data required to advise the Board fully with reference to the application.

Signature: _____ / _____
Applicant Land Owner

Date: _____

OFFICE USE ONLY

Date Received: Application: ___ / ___ / ___ Plans: ___ / ___ / ___ Fee Rec'd: ___ / ___ / ___ Meeting ___ / ___ / ___