

GEORGIA VERMONT

Waiver Request

SECTION 1: OWNER/APPLICANT INFORMATION (complete all)
Owner(s): MINAM DYSZ Address: 28 Stery DY Address: 38 Stery Zip Code OS408 Telephone 419.512.3203 Email Shelly Inna 1000 and com Email Tax Parcel ID: 111590000 Zoning District:
CERTIFICATION OF APPLICANT(S)
AFFIRMATION: The undersigned hereby certifies that the information submitted in this application is true, accurate, and complete. Signature of Applicant:
PROPERTY OWNERS' AUTHORIZATION
The undersigned property owner(s) hereby certify that the information submitted in this application regarding this property is true, accurate and complete and that the Applicant(s) have full authority to request approval for the proposed use of the property and any proposed structure(s). Signature of Owner: Date: Date:
Signature of Owner: Date:

47 Town Common Road North. • St. Albans, VT 05478

Phone: 802-524-3524 • Fax: 802-524-3543 • website: townofgeorgia.com

1. Waiver requested of the DRB?
Reduce Set backs by 50%.
2. Request for variance under Section(s) Art 3.5 C
of the Town of Georgia Zoning Regulations.
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Reduce set backs by 50%.
2. Request for variance under Section(s) Art. 3.5C
of the Town of Georgia Zoning Regulations.
3. Waiver requested of the DRB?
Red
2. Request for variance under Section(s) of the Town of Georgia Zoning Regulations.
of the Town of Georgia Zonning Regulations.
The fee for waivers is \$400 each. For more than three waivers please attached a seperate sheet.
DECISION/ACTION TAKEN (FOR TOWN USE ONLY):
Date received: Fee paid: Check # Approved Denied Returned (incomplete) Date:
Approved Denied Returned (incomplete) Date: Permit valid on
Termit valid on
Signed:
Douglas Bergstrom
Zoning Administrator Planning, DRB & 911 Coordinator
You will receive a written Decision and Finding of Fact within 45 days of the close of
the hearing.

All applications for variance must be heard by the Development Review Board (DRB) according to the criteria set forth in 24 V.S.A. Section 4469(a).