

APPLICATION FOR ZONING BYLAW AMENDMENT
TOWN of DERBY
124 Main St, Derby, VT 05829

Applicant's Name: _____ **Daytime Phone:** _____
Mailing Address: _____

Proposed Zoning Bylaw Amendment: _____

(attach additional sheets if necessary)

Area affected by the proposed change: _____

Applicant's Signature: _____ **Date:** _____

For Administrative Use Only – 03/09	
Application Number: _____	Submitted on: _____
Planning Commission -	
Meeting Date: _____	Amendment Accepted: Yes ___ No ___
Public Hearing Date: _____	Amendment Approved: Yes ___ No ___
Selectboard -	
Received Proposed Amendment: _____	
Public Hearing Date: _____	
Action Taken by the Selectboard: _____	Date: _____