

| | | |
|--|-------------------------|-----------------------------------|
| Application/Parcel ID#: <u>2026-07</u> | Administrative Use Only | Permit Fees: <u>\$ 122.00</u> |
| Date Received: <u>April 30th 2026</u> | | Check# <u>1027</u> /By whom: |
| Date Approved: _____ | | Filing Fees: _____ |
| | | Total Fees Paid: <u>\$ 122.00</u> |
| | | TaxMap Number: <u>05-7</u> |

**ZONING PERMIT APPLICATION
TOWN OF READSBORO, VERMONT**

All sections must be completed. Incomplete applications will not be considered.

1 APPLICANT:

Name: Nick Boisvert

Phone: (433) 5689

email address: _____

Mailing Address: _____

2373 Home Pond Rd Readsboro VT 05350

Street

City

State

Zip

2 PROPERTY OWNER:

Name: Nick Boisvert

Phone: () - _____

Mailing Address: _____

Street

City

State

Zip

3 PROJECT LOCATION: 2495 Home Pond Rd

Deed - Book: 82

Page: 531

Tax Map Page: 05

Lot#: 7

Parcel ID#: 104X612

4 HOW IS THE PROPERTY USED NOW?

Residence

number of dwelling units: _____

residential square feet: _____

non-residential square feet: _____

public assembly/facility square feet: _____

Please describe any accessory structures that are on the property.

5 WHAT WORK IS PLANNED UNDER THIS PERMIT? (New construction, addition, subdivision, installation or change of sign, change of use) _____ Application must include dimensions, number of stories and square footage of gross floor area for all construction.

18'X40' 2 story addition (1440 sq ft x .06) - 572

6. PLEASE CHECK WORK BELOW THAT APPLIES:

- Accessory structures with up to 100 square feet of floor area
- Accessory structures greater than 100 square feet of floor area
- New residential construction single dwelling unit (1 units).
- New residential construction duplex dwelling unit (2 units)
- New residential construction multi dwelling unit (3 units or more).
- Residential addition/ alteration/renovation.
- Non-residential addition/ alteration/renovation.
- New Non-residential construction
- Subdivision or boundary line adjustment. For applications involving subdivision of land or a boundary line adjustment a survey plat meeting the requirements of 27 V.S.A. §1403 and the rules of the Board of Land Surveyors, stamped by a Registered Land Surveyor licensed to practice in Vermont or equivalent.
- Signs.
- Change of use: from residential to non-residential or non-residential to residential; or from one non-residential use to another non-residential use.
- Conditional Use - Requires Site Plan Review & public hearing with the Development Review Board.
- Variance request
- Waiver to dimensional requirements request (lot size, setbacks, road frontage)
- Home Occupation - Provide Zoning Administrator with description of Home Occupation in writing.

7. ZONING INFORMATION - may be obtained with assistance from:

a. What zoning district is the property located in? RUR

b. Dimensional Requirements:

| | Required | Existing or Proposed | Comments |
|--|-------------|----------------------|----------|
| Lot Size: <u>25 acres</u> | <u>500'</u> | <u>25.96 ac</u> | |
| Frontage: | <u>200'</u> | <u>200' Plus</u> | |
| Front Setback from Centerline of the highway | <u>75'</u> | <u>400'</u> | |
| Rear Setback: | <u>40'</u> | <u>200' Plus</u> | |
| Left Side Setback: | <u>40'</u> | <u>60'</u> | |
| Right Side Setback: | <u>40'</u> | <u>150' Plus</u> | |

8 SIGNATURES AND AUTHORIZATIONS :

Signing of this application authorizes the Zoning Administrator to enter onto the premises for the purpose of verifying information presented in sub section 5 on this permit application.

The undersigned hereby certifies that the information submitted in this application regarding the property is true, accurate and complete and that I (we) have full authority to request approval for the proposed use of the property and any proposed structures. I (we) understand that any permit will be issued in reliance on the above representations and will be automatically void if any are untrue or incorrect

Signature of owner(s) of property: Muelha Brent Date: 4-30-2026

Date: _____

Signatures of applicant(s) other than property owner: _____ Date: _____

Date: _____

This information must be submitted with a Site Plan (for subdivisions a survey is required that meets the standards set by the State of Vermont) if required, other required forms and an application fee. Your site plan must contain all the information listed below.

No Zoning Permit Application will be accepted for any new construction without approved State of Vermont Wastewater System & Potable Water Supply Permit and a Road Access Permit for access onto State or Town Roads. Applicants are hereby notified that additional Federal, State, or Local permits may be required including but not limited to VT Dept. of Health Lodging or Food License, Wetlands, Stormwater, or ACT 250. A copy of all required permits must accompany the Zoning Permit Application. Failure of the Zoning Administrator to recognize the need for any Federal, State, or Local permits does not relieve the applicant from the requirements to obtain them.

NOTE: Failure to develop your property in accordance with your application and any conditions of this permit may result in an enforcement action and may affect your ability to sell or transfer clear title to your property.

Applicant is required to provide the names and addresses of adjoining property owners without regard to any public right of way. Information can be found at: <https://next.axisgis.com/ReadsboroVT/> and is located at the Town Office.

| <u>Name:</u> | <u>Mailing Address:</u> |
|-------------------------|---------------------------------------|
| <u>Victoria Lacave</u> | <u>39 Summit Ave Quincey MA 02170</u> |
| <u>Derek Richardson</u> | <u>2168 Howe Pond</u> |
| <u>Damian Baughard</u> | <u>2810 Howe Pond</u> |

Name:

Mailing Address:

_____: Agency of Natural Resources has reviewed the Property in the Flood Plain Area

Comments:

Signature: _____ Date: _____

For Administrative Use Only:

Zoning Administrator Action

Application Number: 2026-07

Date Received: April 30th 2026

JB
(initial by Admin. Officer)

Amount of Fee Paid: \$122.00

Date Permit Issued: _____

[Signature]
Zoning Administrator

Development Review Board Action:

Date Received: _____

Notice of Hearing: _____

Date of Hearing: _____

Date of Decision: _____

Decision: _____

(Approved, denied, approved
with conditions)

DRB Chair or Clerk

