Application/Parcel .ID#: 2015-13 / T03×070	Administrative Use Only	Permit Fees: 29 °Check# 791 /By whom:
Date Received: July 2, 2025 Date Approved: 1 July 2, 2025		Filing Fees: Total Fees Paid: 42939 TaxMapNumber: 02-18
	<mark>S PERMIT APPLIC</mark> F READSBORO, VI	
All sections must be complet	ed. Incomplete applica	tions will not be considered.
1. <u>APPLICANT</u> : Name: <u>Kim Di Pasqual</u>		Phone: (<u>308) 717 -</u> 1829 home (802) 423 - 7639 cell email address: Kimdipasquali a comcast, ne
Mailing Address: & Box 304 Street	Readsbor City	$\begin{array}{c} 0 \\ \hline \\ 0 \\ \hline \\ State \\ \end{array} \begin{array}{c} \hline \\ 05350 \\ State \\ \hline \\ State \\ \end{array}$
2 PROPERTY OWNER:		
Name: Kim Di Pasquali		<u>Phone: 508 717-1</u> 829 (ce (802) 423-7639 (home
Mailing Address: P. O. Box 304 Street	<u>Readsbor</u>	o, V7 05350 State Zip
3 PROJECT LOCATION:	Thate & Rudsbrow	T
Deed - Book: 40	Page: 413	
Tax Map Page: 2	Lot#: 19	Parcel ID#: <u>703X0</u> 70
4. <u>HOW IS THE PROPERTY USED NOW</u> ?	lesidential	
number of dwelling units:	c non-resident publicassemb	ial square feet:
Please describe any accessory structures that	t are on the property.	
one collapsed shed one deck		
5. <u>WHAT WORK IS PLANNEDUNDERTHISPE</u> sign, change of use). <u>Please be specific.</u> Appl <u>floor area for all construction</u> .		, addition, subdivision, installation or change of ions, number of stories and square footage of gross
A		

 Replace	Collapsed Sh	ed with	new.
	8' XIO' shed		
	a pro Direct	(- squ	a c ject

6. PLEASE CHECK WORK BELOW THAT APPLIES:

- (\otimes) 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: zoning@readsborovt.org
 - a. What zoning district is the property located in? <u>Reads boro</u>
 - b. Dimensional Requirements:

	Required	Existing or Proposed	Comments
Lot Size:	+ 2 acres	+ 2 acres	
Frontage:	200A	264	
Front Setback from Centerline of the highway	,- 75ft		
Rear Setback:	20f1	851	
Left Side Setback:	· 20ft	1001	
Right Side Setback:	, 20Fl	2101	

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:) squali <u>Date</u> : <u>6/30/25</u>
	<u>Date</u> :
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. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

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.

Name:	Mailing Address:	2
Eric + Michelle Malachuck	192 VT R+8	Lendsbaro VT
		05350

Kelly & Scott Plumley 76 VT Rts Readsbard VT and Lonis + Nancy Bobee 05350

<u>Name:</u>	Mailing Address:
: Agency of Natural Resources has rev Comments:	viewed the Property in the Flood Plain Area
ignature: Km Dagun	Date: 4/30/25

For Administrative Use Only: Zoning Administrator Action Application Number: 2015 - 13Date Received: 3472,2025 36(initial by Admin. Officer) Amount of Fee Paid: $829 \circ \circ$ Date Permit Issued: 5472,2025 12025Date Date Date Dermit Issued: 5472,2025Date Date Date Dermit Issued: 5472,2025

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

The Zoning Permit shall take effect 15 days after being issued and is valid for 2 years from the date of approval

Scott & Kelly Plumle.y Louis & Nancy Bobee Book 62, Page: 577 Cora Lamb Brook" 603 0000 00 Plum ky Kim Di Pasquali Book 40, Page 413 Scott & Kelly 83 t a acrus 0 3 Existing 72 Shed SCALE: 1"= RO Kim Draoqual-Kim Di Pasqueli Kim D'laogu 110 VI Rt. 8 Rendsborg, VI 05350 Rti 8 6-30-25

