

Application/Parcel ID#: 2023-06/T19X300
Date Received: 13 MAR 23
Date Approved: 21 MAR 23

Administrative Use Only

Permit Fees: \$175
Check# — /By whom: —
Filing Fees:
Total Fees Paid: \$175
Tax Map Number: 10-21

ZONING PERMIT APPLICATION
TOWN OF READSBORO, VERMONT

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

1. APPLICANT:

Name: BRUCE KING

Phone: (802) 430-8293

email address: —

Mailing Address:

531 WILEY MT DR READSBORO

Street

City

VT

State

05350

Zip

2. PROPERTY OWNER:

Name: BRUCE KING

Phone: (802) 430-8293

Mailing Address:

P.O. BOX 153 READSBORO

Street

City

VT

State

05350

Zip

3. PROJECT LOCATION: 531 WILEY MT. DR. READSBORO VT.

Deed - Book: —

Page: 10

Tax Map Page: 10-21

Lot#: 10 21

Parcel ID#: T19X300

4. HOW IS THE PROPERTY USED NOW?

GETING READY TO BUILD HOME

number of dwelling units: 1
commercial square feet: —

industrial 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). Please be specific. Application must include number of stories and square footage of gross floor area for all construction.

BUILDING A NEW HOME 30' X 36'

6 PLEASE CHECK WORK BELOW THAT APPLIES:

- ☐ Accessory structures with less than 100 square feet of floor area and lacking a permanent foundation, electricity, or other utility connections require a Zoning Permit.
- ☒ New residential construction (1 or 2 units).
- ☐ New residential construction (3 units or more).
- ☐ Residential addition/alteration/renovation.
- ☐ Non-residential construction/addition/alteration.
- ☐ Subdivision or boundary line adjustment (Site Plan 2.5.1) 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 - A use permitted in a particular zoning district i.e., Primitive Camps, Home Industry, Health Care, Facility, campground (see Readsboro Zoning Bylaw Article 2.4.4 for Permitted uses in each zoning district). Requires Site Plan Review & public hearing with the Development Review Board.
- ☐ Appeals of Decision by Zoning Administrator to the Development Review Board.
- ☐ Variance request (Bylaw Article 2.4.2).
- ☐ Home Occupation - Article 3, section 3.2.3 a - f
Article 4 Section 4.1.4 - Provide Zoning Administrator with description of Home Occupation in writing.

7 ZONING INFORMATION - may be obtained with assistance from: rmatte73@gmail.com or call **802-423-5068**.

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

b. Dimensional Requirements:

*if this is an Appeal to the Development Review Board, please skip this question and go to 7c.

	Required	Existing or Proposed	Comments
Lot Size:	<u>7 AC</u>	<u>14.3 AC</u>	
Frontage:	<u>200 FT</u>	<u>515'</u>	
Setback from Right-of-Way:	<u>75'</u>	<u>147'</u>	
Rear Setback:	<u>40'</u>	<u>7 AC</u>	
Left Side Setback:	<u>40'</u>	<u>108'</u>	
Right Side Setback:	<u>40'</u>	<u>315'</u>	

c. If this is an Appeal to the Development Review Board, please answer the following two questions:

Provision of the Zoning Bylaw in Question: _____

Reason for Appeal: _____

8 ESTIMATED COST OF IMPROVEMENTS: \$ 15,000

Name:

Marilyn Artushenia
Elizabeth Barber
Sylvia Hall

Mailing Address:

162 Allyn Rd Goshen CT 06756
10 Woodfield Rd Hyde Park NY 12538
14 Lubrano Pl Norwalk CT 06854

If you have any questions, please call, Administrative Officer, Robert Matte

at **802-423-5068** or email: **rmatte73@gmail.com**.

_____: 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: 2023-06

Date Received: 13 MAR 23



(initial by Admin. Officer)

Amount of Fee Paid: \$175-

Date Permit Issued: 21 MAR 23


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

Approved by Planning Commission 01/10/2023 (This application cannot be altered or changed).

9 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: Bruce King Date: 3-13-2023

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. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

No Zoning Permit Application will be accepted for a new residential or commercial construction until Septic System Permit has been inspected and approved the State of Vermont and an Access Permit for curb cuts on State or Town Roads has been approved by Readsboro's Superintendent of Public Works and/ or the Selectboard prior to construction. A copy of both permits must accompany the Zoning Permit Application.

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 is located at the Town Office.**

Name:

Mailing Address:

TAMMY LUSCIER

P.O. BOX 72 READSBORO VT. 05350

SANDRA WOODWORTH

87 WILEY MT. DR. READSBORO VT. 05350

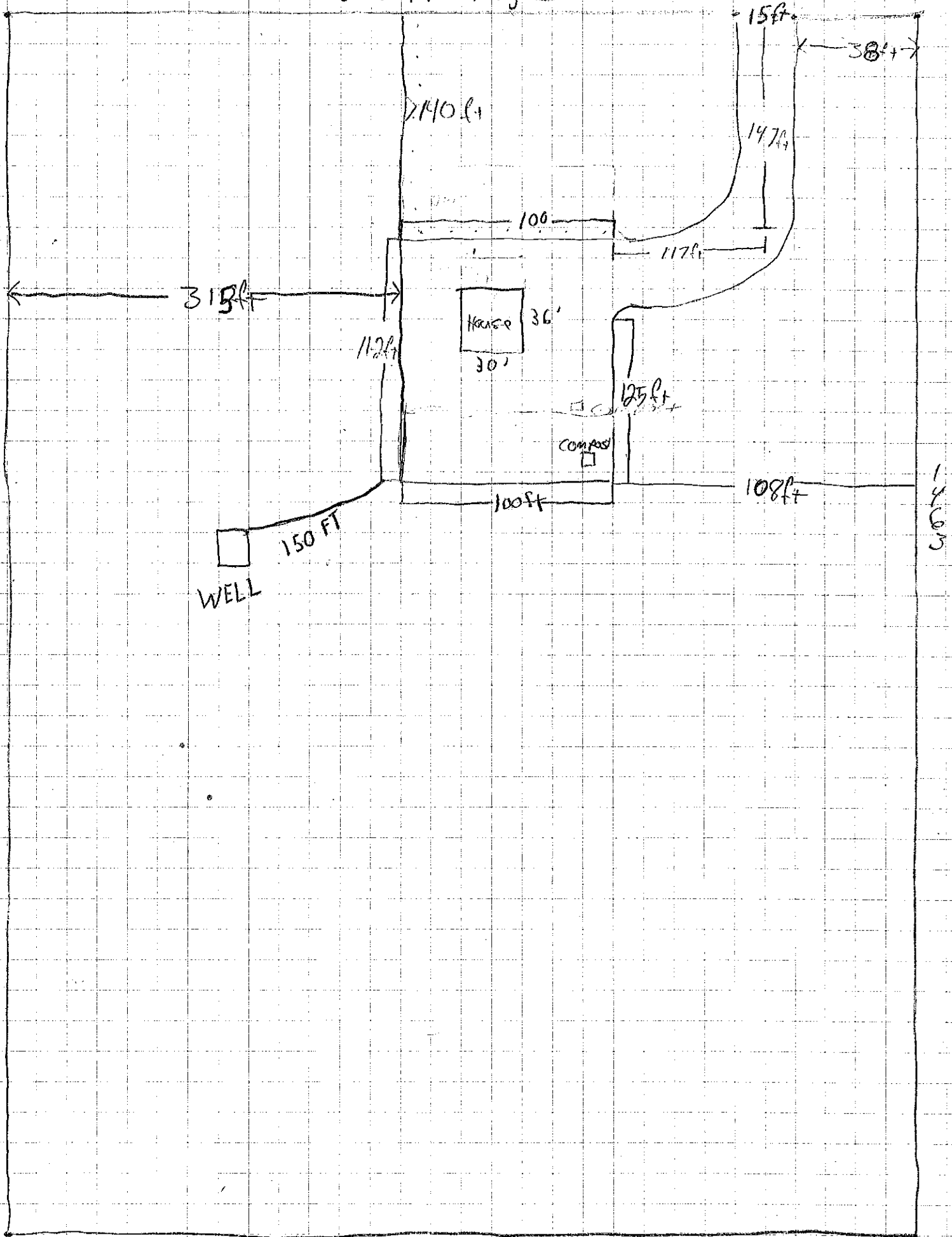
JACK SANTOS

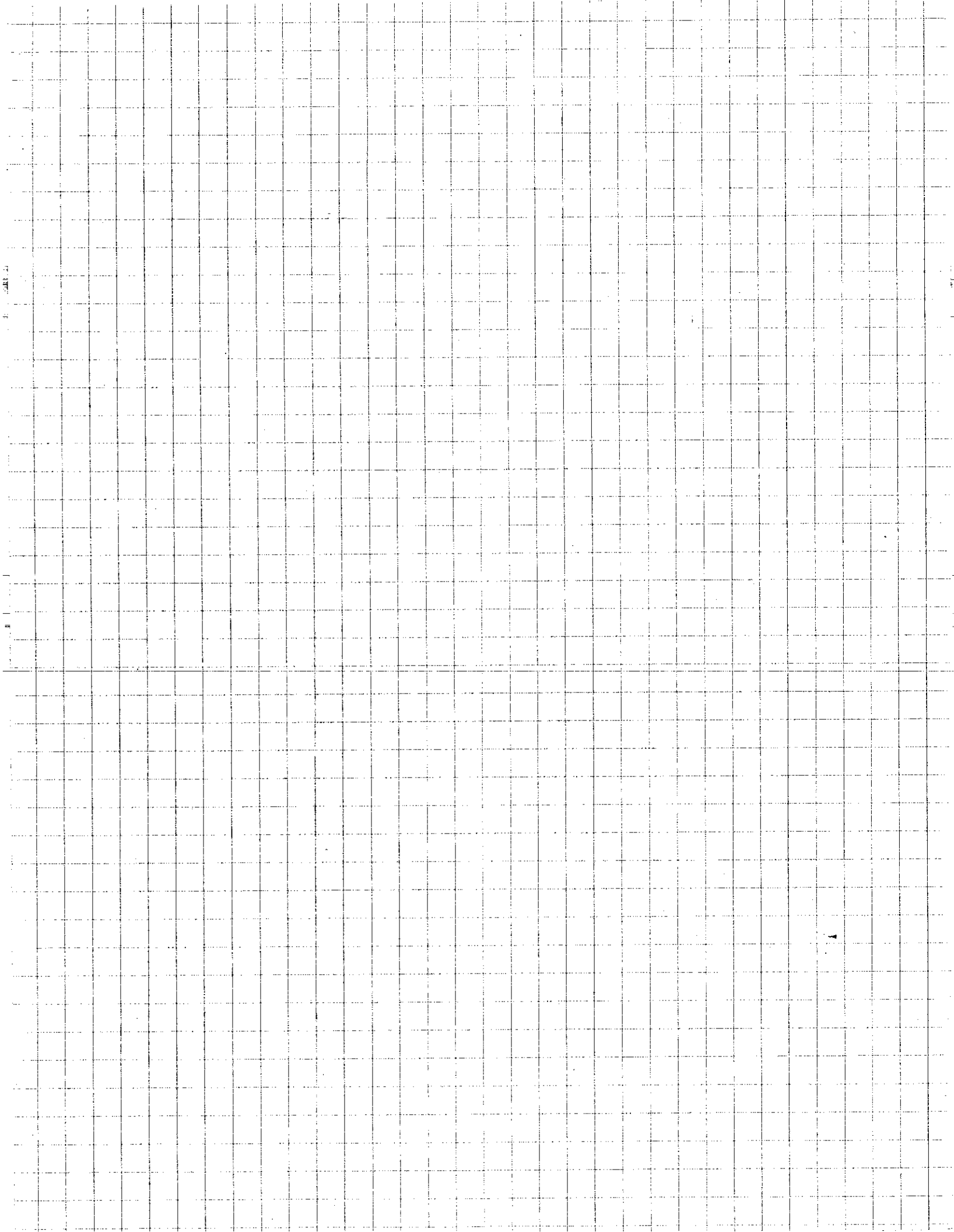
38 MARGUERITE ST. FAIRHAVEN MA. 02719

DEBORAH KELLY BOACHAID

603 WILEY MT. DR. READSBORO VT. 05350

515 Frontage





36' HOUSE

SPETIC DESIGN 3-13-23

BRUCE
KING

30' SPETIC TANK
D BOX

