

Application/Parcel ID#: <u>2024-07/T14 X425</u>	Administrative Use Only	Permit Fees: <u>\$20</u>
Date Received: <u>14 Jul 24</u>		Check# <u>134</u> /By whom: <u>E. A. Messer</u>
Date Approved: <u>23 Jul 24</u>		Filing Fees: _____
		Total Fees Paid: <u>20</u>
		Tax Map Number: <u>10-25</u>

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

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

1. APPLICANT:

Name: E. A. Messer Phone: (432) 250-6522

email address: emesserjill@icloud.com

Mailing Address: 2932 W. Hill Dr, Readsboro, VT 05350
Street City State Zip

2. PROPERTY OWNER:

Name: E. A. Messer & Rachel Dube Phone: () 11

Mailing Address: 11
Street City State Zip

3. PROJECT LOCATION:

2932 W. Hill Dr, Readsboro, VT

Deed - Book: 84 Page: 451

Tax Map Page: 10 Lot#: 25 Parcel ID#: T14X425

4. HOW IS THE PROPERTY USED NOW?

residential

number of dwelling units: 1 industrial square feet: _____
 commercial 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.

Replacing cinderblocks with 5'x5' concrete/landing

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? ROR

b. Dimensional Requirements:

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

	<u>Required</u>	<u>Existing or Proposed</u>	<u>Comments</u>
Lot Size:	<u>5 acres</u>	<u>29.7 acres</u>	
Frontage:	<u>200'</u>	<u>47.5'</u>	
Setback from Right-of-Way:	<u>75</u>	<u>47.5</u>	
Rear Setback:	<u>40</u>	<u>19.22</u>	
Left Side Setback:	<u>40</u>	<u>11.2</u>	
Right Side Setback:	<u>40</u>	<u>4.00</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:** \$ 3000.00

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:  Date: 05/20/2024

_____ Date: 05/20/2024

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.**

<u>Name:</u>	<u>Mailing Address:</u>
<u>Amy Lovell</u>	<u>2912 west Hill Readsboro</u>
<u>Paul Catalano</u>	<u>33 spellman Pt Rd Easthampton</u>
<u>Michael Colligen</u>	<u>PO Box 8 Plymouth CT 06782</u>
<u>Robert Marechal</u>	<u>2406 west Hill</u>
<u>Carl Panciera</u>	<u>16 Lochon Rd Willington CT</u>
<u>Rhonda A Omer Smith</u>	<u>2979 west Hill Rd 0679</u>

Name:

Mailing Address:

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:

Date: _____

Signature: _____

<u>For Administrative Use Only:</u>	<u>Development Review Board Action:</u>
<u>Zoning Administrator Action</u>	Date Received: _____
Application Number: <u>2024-07</u>	Notice of Hearing: _____
Date Received: <u>14/10/24</u>	Date of Hearing: _____
 _____ (initial by Admin. Officer)	Date of Decision: _____
Amount of Fee Paid: <u>\$200.-</u>	Decision: _____ (Approved, denied, approved with conditions)
Date Permit Issued: <u>23/10/24</u>	
 _____ Zoning Administrator	_____ DRB Chair or Clerk

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