

CHK# 1059 B by: Philip Villone III

Administrative Use Only
Application Number:/Property ID #: 2023-33/T18X120
Date Received: 16 Oct 23
Date Approved: 27 Oct 23

Permit Fees: 00
Filing Fees: _____
Total Fees Paid: 100
Tax Map Number: 08-054

ZONING PERMIT APPLICATION TOWN OF READSBORO, VERMONT

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

1. APPLICANT

Name: PHILIP J. VILLONE III Phone: (860)-709-4127

Mailing Address:
195 DALY ROAD COVENTRY CT. 06238
Street City State Zip

2. PROPERTY OWNER

Name: SAME Phone: ()

Mailing Address:

Street City State Zip

3. PROJECT LOCATION: 17 SMITH DRIVE READSBORO, VT.

Deed - Book: 87 Page: 493
Tax Map Description - Book: _____ Page: 08 Lot#: 056

4. HOW IS THE PROPERTY USED NOW?

WOODED LAND, NO BUILDINGS ON PROPERTY

number of dwelling units 0 industrial square feet 0
commercial square feet 0 public assembly/facility square feet 0

Please describe any accessory structures that are on the property.
NONE

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.

BUILD SHED - 100 SQ. FT. - ONE FLOOR

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., Home Industry, Health Care Facility, campground (see Pages 32 & 33 in 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 - See Pages 19 & 20, Article 3, section 3.2.3 a - f and Page 31 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: Robert Matte at 802-423-5068 or email: rmatte73@gmail.com

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

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>5</u>	<u>54 ACRES</u>	
Frontage:	<u>200'</u>	<u>500'</u>	
Setback from Right-of-Way:	<u>75</u>	<u>400 1087'</u>	
Rear Setback:	<u>40</u>	<u>1,305'</u>	
Left Side Setback:	<u>40</u>	<u>2,066'</u>	
Right Side Setback:	<u>40</u>	<u>870'</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 \$ 1,462.83

9. SIGNATURES AND AUTHORIZATIONS

Signing of this application authorizes the Zoning Administrator to enter onto the premises for the purpose of verifying information presented.

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: *Philip J. White* Date: 9/13/23
 _____ 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	Address
<u>KEITH A. LOCKERY + ROBINE</u>	<u>438 SMITH DA. LOT #8</u>
<u>JORDAN S. STILLWAUGH, ^{ERICA} + A.</u>	<u>TH #17 SMITH RD.</u>
<u>KEVINE, + MARCI M. BREHULT</u>	<u>535 SMITH DA TH #17 SMITH DA.</u>
<u>BRIAN T. + MARIEL. KELLY</u>	<u>488 SMITH DA. TH #17 SMITH DA.</u>
<u>Clarence Peck Trustee</u>	<u>30 Orchard Hill Dr. Stratford, CT 06614</u>

Name

Address

PAUL J. + COLLEEN F. SAUSVILLE

540 SMITH DR. LOT #3

THOMAS + CLAUDIA BOTTHOF

600 SMITH DR. LOT #2

ROBERT M. + GAIL E. BUTLER

786 SMITH DR. LOT #1

UNITED STATES OF AMERICA USDA
READSBORO FOREST LAND INC.

MAP# 05-036 TAX MAP 02-28

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:

Administrative Officer Action

Development Review Board
Action:

Application Number: 2023-33

Notice of Hearing: _____

Date Received:

(initial by Admin. Officer) 10 OCT 23

Date of Hearing: _____

Amount of Fee Paid: \$20-

Date of Decision: _____

Date Permit Issued: 27 OCT 23

Decision: _____
(Approved, denied, approved with conditions)

(Signature)

Zoning Administrator

DRB Chair or Clerk

Approved by Planning Commission 8/15/2013 (This application cannot be altered or changed).

SHED
LOCATION

N ← 870'
 E ↑ 1,087' (IP)
 W ↓ 1,305'
 S → 2,066'

N

MAP SCALE
 1" = 435'



