For Office Use				
	ZP#2020-15			
	Parcel # 3 0 3 - 0158			
-	Map # 05-010.000			
And in succession of the local division in which the local division in the local division in which the local division in the local divis	District: V RR F&A			

## Town of Plainfield

P.O. Box 217 • Plainfield, VT 05667-0217 phone: 802-454-8461 • fax: 802-454-8467 plainfieldza@gmail.com

## **Zoning Permit Application**

This form serves as the application for all zoning permits and development reviews.

	Receive	d by To	own Clerk	
To	WNO	OF F	Plainfi	idd
	AUG	111	2020	~И
	9:	00	AM	
				2000
1	SI	NU	ch	

Α	Owner/Applic	ant Information		7000				
Property Owner Name Debra Stoleroff								
Mailing Street/P.O. Box 158 New Hambu (Sec Pal. Apt/Suite								
A	ddress: City	lainfield .	Sammes) State (T	Zip <b>C</b>	5667			
Phone: Day 426.3213 x 252 Evening 476.3154 Prefer? Day Eve Deither								
Is Owner the Applicant? Yes Skip to Site and Project Information, Section B, below.  Applicant? \square No Provide owner name and mailing address (above), indicate relationship to owner, and complete Applicant information below. (All information will be sent to the Applicant when not the owner.								
er	Relationship to Owner:		nave purchase agreement)  Agent  Other:	☐ Contractor	Lessee			
Owner	Applicant Name	:						
not the	Mailing	Street/P.O. Box		Apt/Si	uite			
Ifne		City	State	Zip				
	Phone: Day		Evening:	F	Prefer?  Day  Eve  Either			
В	Site and Proje	ct Information						
Ph	ysical Address (9	11) 158 New!	Hamburger Rd.		T Management of the control of the c			
Physical Address (911) 158 New Hamburger Rd.  In 100 Yr Floodplain?   Yes (check Yes if any portion of the parcel is in the district)  No								
Please briefly describe the project and/or request: insulation of entryway/shed to become part of living space (a mud room) change of ests: existing shed to mud room								
С	Site Plan: All a	pplications must include a	site plan. See the reverse side	for more informa	tion.			
Signature: The below signed hereby agrees that the proposed work shall be done as represented on this form and the associated documentation submitted, and that the work shall conform to all applicable town ordinances and regulations. Signing as an "Agent for Owner" indicates that the person signing has the permission of the land owner to act on the owner's behalf. Note: Additional permits may be needed from the State of Vermont and/or the Town of Plainfield.								
Indicate if: Property Owner OR  Agent for Owner								
Sig	nature: Ddo	a Stoluog	)		Date: 7/24/2020			
FOR OFFICE USE ONLY								
Pe	rmit fee \$ 50	Recv'd by:	Winh Recv'd from: 5	toleroff	Date: 8/11/2000			
He	aring fee \$	Recv'd by:	Recv'd from:		Date:			

## Plainfield Zoning Permit Application—side 2

C Site Plan: All applications must include a site plan showing the dimensions of the lot, the location of all existing structures, development (driveway, well, septic field), water bodies, and all proposed structures and development on the lot. Indicate the setback distances from roads, property lines, and surface waters to the nearest structures. The applicant is responsible for determining the property lines and setback distances.							
For a Sign: Submit the text, graphics, size, and a site plan map of the sign location on the building or lot.							
For a Subdivision: Was this parcel created after March 2004? Yes No. For subdivisions and boundary-line adjustments, submit a sketch plan as per the Subdivision Regulations, Article II Subdivision Review Procedures.							
For Construction projects: In addition to the site plan map, an elevation is required for most commercial building proposals. Please answer the questions below for all construction projects:							
Is any portion of the building rented? \( \subseteq \text{Yes} \) No	For residential structures, please indicate:						
Will project require an access permit (driveway opening)? ☐ Yes ☐ No	Single-family  Two-family  Multiple units						
Will project disturb, grade, or excavate	For all projects involving single-family houses:						
more than one acre of land? Yes No	Existing Rooms New Rooms						
Will project result in increased water or sewer flow? □ Yes □ No	# Bathrooms						
Does project require an Act 250	# Bedrooms						
permit amendment?	# Kitchens						
Maximum building height:   3.'0 feet	,						
Questions? Contact the Zoning Administrator, Kar	en Storey, at 454-7856 or plainfieldza@gmail.com						
FOR OFFICE USE ONLY  D Action by Zoning Administrator:							
1. A Granted Referred, date: Denied, date:							
Reason/Comment: NHHOA approval dated 7/29/2020							
2. Appealed to the DRB date:	D						
2. Appealed to the DRB, date:							
3. Final Action: Permit # 2024-15 Date issued: 8/18/2020 Effective date: 9/2/2020 DO NOT start this project prior to the effective date, as the statutes require a 15-day appeal period.							
Zoning Administrator:							
E Development Review Board Action:							
1. Public notice date: Hearing date:							
Continued to, hearing date(s):							
2. Granted, date: Denied, date:							
Chair, Development Review Board:							