

For Office Use

ZP # 2020-17
 Parcel # 041-0280
 Map # 02-038.000
 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.

Received by Town Clerk

TOWN OF Plainfield
SEP 15 2020
Crnich 8:35AM

A Owner/Applicant Information

Property Owner Name <u>Luke Puleo</u>			
Mailing Address:	Street/P.O. Box <u>280 Lower Road</u>	Apt/Suite	
	City <u>Plainfield</u>	State <u>VT</u>	Zip <u>05667</u>
Phone: Day <u>495-6220</u>	Evening <u>279-1126</u>	Prefer? <input type="checkbox"/> Day <input type="checkbox"/> Eve <input checked="" type="checkbox"/> Either	
Is Owner the Applicant? <input checked="" type="checkbox"/> Yes ... <i>Skip to Site and Project Information, Section B, below.</i> <input type="checkbox"/> No <i>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.)</i>			
If not the Owner	Relationship to Owner:	<input type="checkbox"/> Prospective Owner (have purchase agreement) <input type="checkbox"/> Contractor <input type="checkbox"/> Lessee <input type="checkbox"/> Architect/Designer <input type="checkbox"/> Agent <input type="checkbox"/> Other:	
	Applicant Name:		
	Mailing Address:	Street/P.O. Box	Apt/Suite
		City	State Zip
Phone: Day		Evening:	Prefer? <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Either

B Site and Project Information

Physical Address (911) <u>280 Lower Road, Plainfield, VT 05667</u>
In 100 Yr Floodplain? <input type="checkbox"/> Yes (check Yes if any portion of the parcel is in the district) <input checked="" type="checkbox"/> No
Please briefly describe the project and/or request: <u>Initial Permit Application was filed out incorrect. Residence should be for a two bedroom. Additionally, pour a 10' x 24' slab on north east gable end of existing structure.</u>
C Site Plan: All applications must include a site plan. <i>See the reverse side for more information.</i> →

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: <input checked="" type="checkbox"/> Property Owner OR <input type="checkbox"/> Agent for Owner	
Signature:	Date: <u>09/14/2020</u>

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Permit fee \$ <u>50-</u>	Recv'd by: <u>Crnich</u>	Recv'd from: <u>Puleo</u>	Date: <u>9/15/2020</u>
Hearing 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	For residential structures, please indicate: <input checked="" type="checkbox"/> Single-family <input type="checkbox"/> Two-family <input type="checkbox"/> Multiple units For all projects involving single-family houses: <table border="0"> <tr> <td></td> <td align="center"><u>Existing Rooms</u></td> <td align="center"><u>New Rooms</u></td> </tr> <tr> <td># Bathrooms</td> <td>_____</td> <td>_____</td> </tr> <tr> <td># Bedrooms</td> <td>_____</td> <td>_____</td> </tr> <tr> <td># Kitchens</td> <td>_____</td> <td>_____</td> </tr> </table>		<u>Existing Rooms</u>	<u>New Rooms</u>	# Bathrooms	_____	_____	# Bedrooms	_____	_____	# Kitchens	_____	_____
	<u>Existing Rooms</u>		<u>New Rooms</u>											
# Bathrooms	_____		_____											
# Bedrooms	_____		_____											
# Kitchens	_____		_____											
Will project require an access permit (driveway opening)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Will project disturb, grade, or excavate more than one acre of land?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Will project result in increased water or sewer flow?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Does project require an Act 250 permit amendment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Maximum building height: _____	feet													

Questions? Contact the Zoning Administrator, Karen Storey, at 454-7856 or plainfieldza@gmail.com

D Action by Zoning Administrator: *Discomplete emailed 9/23/2020 completed 10/26/20*

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1. Granted Referred, date: _____ Denied, date: _____
 Reason/Comment: *amendment to ZPA 2019-23*

2. Appealed to the DRB, date: _____ By: _____
Applicant Note: An Appeal of a decision or act of the Zoning Administrator must be made in writing to the Chair of the Development Review Board within 15 days of the decision or act.

3. Final Action: Permit # *2020-17* Date issued: *10/30/2020* Effective date: *11/14/2020*
DO NOT start this project prior to the effective date, as the statutes require a 15-day appeal period.

Zoning Administrator: *[Signature]*

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: _____

Important: An appeal from a decision or act by the Development Review Board must be made within 30 days from the date of action shown on lines D2 or D3 above. Said appeal is made to the Environmental Court under 24 V.S.A., §4471.