For Office Use		Town o	f Plainf	ield	Received by Town Clerk	
ZP # <u> </u>			P.O. Box 217 • Plainfield, VT 05667-0217 phone: 802-454-8461 • fax: 802-454-8467			TownofPlainfield SEP 03 2020
Map # 09 - 018 .000		plainfieldza@gmail.com			-	
		RR X F&A	Zoning P	ermit Applic	cation	9:30AM
				ves as the applicatior ts and development re		Burch
A Own or	r/Annlia	ant Informat				
		ant Informat	111	7 /		
Property C	_	MAX	ne Wrigh	it on the second		
Mailing Street Address:		P.O. Box	388 Dore	- Rel	Ap	t/Suite
Addi ess.	City	Barre		State //	Zip	05641
Phone: Day	1802	-476-6	768 Evening	8 802. 476.	6768	<i>Prefer?</i> \square Day \square Eve \square Either
Is Owner to Applicant?		No Provide	owner name and mo		indicate relation	onship to owner, and complete Applicant when not the owner.
Relationship		☐ Prospecti	ve Owner (have pur	rchase agreement)	☐ Contract	or 🗆 Lessee
to Own	er:	☐ Architect	/Designer	gent Other:		
Applicant Name		: Cila	and Wrigh	15		
Mai	iling	Street/P.O.	Box 4		Apt	t/Suite
bby wa	ress:	City		State	Zip	
Phone: Day				Evening:		Prefer? ☐ Day ☐ Eve ☐ Eithe
B Site ar	nd Proje	ect Information	on			
Physical Ad		de -	8 Lore	Rel Pla	cinfie	ld, VT
n 100 Yr F	loodplai	n? 🗆 Yes (check Yes if any por	tion of the parcel is in	the district)	⊠-No
Please bri	efly des	cribe the proj	ject and/or reques	t: 40' Cor	Taine	
C Site Pl	an: All a	pplications mu	ıst include a site pla	an. See the reverse side	e for more info	rmation. →
ssociated of igning as a	locument n "Agent	ation submitte for Owner" inc	ed, and that the worldicates that the pers	k shall conform to all a	applicable town mission of the la	ented on this form and the ordinances and regulations. and owner to act on the owner's of Plainfield.
Indicate if:	☐ Pr	operty Owner	OR ☐ Agent 1	for Owner		
Signature:	Eng	ene Wir	ight		i,	Date:
		•	FC	OR OFFICE USE ONLY		
Permit fee	\$ 21	2 Cash Recv	r'd by: Mich	Recv'd from:	wight	Date: 9/3/2020
Hearing fee	\$	Recv	'd by:	Recv'd from:	J	Date:

Plainfield Zoning Permit Application—side 2

existing structures, development (driveway, well, se	eptic fie	n roads, property lines, and surface waters to the nearest					
For a Sign: Submit the text, graphics, size, and a si							
For a Subdivision: Was this parcel created after Ma For subdivisions and boundary-line adjustments, sul Subdivision Review Procedures.		4? ☑ Yes ☐ No. ketch plan as per the Subdivision Regulations, <i>Article II</i>					
For Construction projects: In addition to the site proposals. Please answer the questions below for a		p, an elevation is required for most commercial building ruction projects:					
Is any portion of the building rented? 🗆 Yes	⊠ No	For residential structures, please indicate:					
Will project require an access permit (driveway opening)? □ Yes	⊠ No ⊠ No	☐ Single-family ☐ Two-family ☐ Multiple units					
Will project disturb, grade, or excavate		For all projects involving single-family houses: Existing Rooms New Rooms					
more than one acre of land?							
or sewer flow? \(\square\) Yes		# Bathrooms					
Does project require an Act 250 permit amendment? ☐ Yes		# Bedrooms # Kitchens					
Maximum building height:	Ø No feet						
Ouestions? Contact the Zoning Administrat	tor. Kar	en Storey, at 454-7856 or plainfieldza@gmail.com					
Appealed to the DRB, date: Applicant Note: An Appeal of a decision or Chair of the Development Review Board with	act of th	By: By: he Zoning Administrator must be made in writing to the					
DO NOT start this project prior to the effective date, as the statutes require a 15-day appeal period. Zoning Administrator:							
		0					
_							
1. Public notice date:		Hearing date:					
Continued to, hearing date(s):							
2. Granted, date:	Denie	d, date:					
Chair, Development Review Board:							