For Office Use ZP # 2020-21 Parcel # 0 16 - 2832 Map # 04-013.100 District: DV RR AF&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

DEC 18 2020

TOWN OF PLAINFIELD
TIME: 10:00 BY: SMICK

А	Owner	Applic	ant Information				
Pro	perty 0	wner Na	ame Allison Mo	yes, Dearna Mandell	- NAWCY 1	-eClerc	
Mailing Address:		Street	/P.O. Box 26 Co	bble Hill Mdws.	Apt/	Suite	
		City	BARRET	State $\sqrt{7}$	Zip	05641	
Pho	ne: Day			Evening 476-9452)	Prefer Day Deve K Either	
	wner the		No Provide owner r	Project Information, Section B, b name and mailing address (above), mation below. (All information wi	, indicate relation		
er	Relationship to Owner:		☐ Prospective Owner ☐ Architect/Designer	er (have purchase agreement) er	☐ Contractor	Lessee	
Own	Applicant Name:						
not the Owner	Mailing Address:		Street/P.O. Box		Apt/	Suite	
If no			City	State	Zip	and the same of th	
	Phone: Day		4	Evening:		Prefer? ☐ Day ☐ Eve ☐ Eithe	
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Phy In 1	vsical Ac	ddress (9 loodplai	on? ☐ Yes (check Yes	es if any portion of the parcel is ind d/or request: Deck on Lew 10'X 16'	JBacko	F House acres	
Phy In 1	rsical Ac 100 Yr F ease brid	ddress (S loodplai efly des	11) 2832 Coo in? ☐ Yes (check Ye cribe the project and the Kitch	d/or request: Deck on	J Backo	F House accept	
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Plainfield Zoning Permit Application—side 2

existing structures, development (driveway, well, so	eptic fie	n roads, property lines, and surface waters to the nearest				
For a Sign: Submit the text, graphics, size, and a s For a Subdivision: Was this parcel created after Ma For subdivisions and boundary-line adjustments, su Subdivision Review Procedures.	arch 200					
For Construction projects: In addition to the site proposals. Please answer the questions below for a	plan maj ll constr	p, an elevation is required for most commercial building ruction projects:				
Is any portion of the building rented? ☐ Yes Will project require an access permit	No No No	For residential structures, please indicate: ☑ Single-family ☐ Two-family ☐ Multiple units				
(driveway opening)?		For all projects involving single-family houses: <u>Existing Rooms</u> New Rooms				
Will project result in increased water or sewer flow? □ Yes Does project require an Act 250		# Bathrooms 2 1/2 0				
permit amendment?	⊠ No feet	# Kitchens				
2. Appealed to the DRB, date: Applicant Note: An Appeal of a decision or Chair of the Development Review Board with	act of t	By: he Zoning Administrator must be made in writing to the lays of the decision or act. d: Dec 20,2020Effective date: Jan 4, 2021				
		te, as the statutes require a 15-day appeal period.				
E Development Review Board Action:						
		Hearing date:				
2. Granted, date:	2. 🗌 Granted, date: Denied, date:					
Important: An appeal from a decision or act by the	e Develo	ppment Review Board must be made within 30 days from the is made to the Environmental Court under 24 V.S.A., §4471.				

