For Office Use
ZP#2021-04
Parcel # 0 1 8 - 10 0 0
Map # 05 - 026.100
District: □ V □ RR 耳 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

Plainfield

MAR 2 3 2021

11: 20 AM

Carried

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	7. 7.	ant Information						
Property Own	ner Na	me Kyle Fo	erahou	^				
Mailing S	treet/	me Kyle F. P.O. Box 105	Black	Road		Apt/	/Suite	
Address: C	City]	Berlin		Sta	te VT	Zip	05667	05602
Phone: Day 802-522-6833 Evening				g				ay 🗆 Eve 🏿 Either
Is Owner the Applicant? Is Owner the Applicant? Applicant information below. (All information will be sent to the Applicant when not the owner.)								
Relationsh to Owner:		☐ Prospective Ow☐ Architect/Desig			ement) Other:	☐ Contracto	r □ Le	essee
Applicant	Name	:						
Mailin Addres	ng	Street/P.O. Box				Apt/	'Suite	
Addres	ss:	City			State	Zip		
Phone: Da	ay			Evening:			Prefer? □ [Day 🗆 Eve 🗆 Eithe
B Site and Project Information								
Physical Address (911) 1000 upper Road Plainfield V7 05667								
In 100 Yr Floo	odplair	n?	Yes if any por	tion of the	parcel is in t	he district)	⊠ No	
Please briefly describe the project and/or request: 28×36 2 story addition 24×4 to existing								
C Site Plan	n: All a	pplications must incl	ude a site pla	an. See the	reverse side	for more inform	mation.	→
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								
Signature:	Ma	L I		may.			Date:	3-11-21
FOR OFFICE USE ONLY								
Permit fee \$	50	Recv'd by:		NAME AND POST OF THE PARTY OF T	THE STATE OF THE S	Famham	Date: 3	-23-2021

Recv'd from:

Hearing fee \$

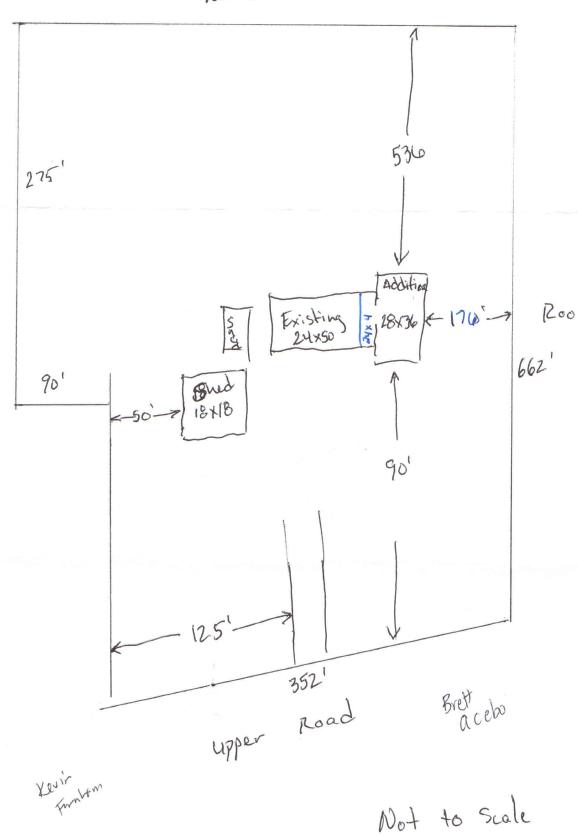
Recv'd by:

Date:

Plainfield Zoning Permit Application—side 2

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? \square Yes \square	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:							
,	No <u>Existing Rooms</u> New Rooms # Bathrooms 1 to be Remoded 3							
Will project result in increased water or sewer flow? □ Yes X	No Bathrooms							
Does project require an Act 250	# Bedrooms							
permit amendment? Yes	No # Bedrooms 2 to be removed 3 No # Kitchens 1 to be removed 1							
Maximum building height: 35'+8' fe	et welke at							
Questions? Contact the Zoning Administrator, Karen Storey, at 454-7856 or plainfieldza@gmail.com								
FOR OFFICE USE ONLY D Action by Zoning Administrator:								
1. Granted Referred, date: Denied, date:								
Reason/Comment: 2017-18 CU not longer valid Section 2.4 Issance								
2. Appealed to the DRB, date:								
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 # 2021-04 Date issued: 4/4/2021 Effective date: 4/19/2021								
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: De	nied, date:							
Chair, Development Review Board:								

Middle Road



Allan

Wheeler