For Office Use
ZP # 2021-07
Parcel # 0 1 6 - 28 3 2
Map # 64 - 013.100
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 Plainfield	
APR 01 2021 4:00 PM	

Α	Owner/Applicant	Information
	- IIII	

=											
Property Owner Name Barry Peacock											
Mailing Street/P.O. Box 2832 Country Club Rd. Apt/Suite											
Address: City Barre State VT Zip 0564				641							
Ph	Phone: Day (603) 707-7903 Evening Prefer? \square Day \square Eve \boxtimes Either] Either			
Is Owner the Applicant? Yes Skip to Site and Project Information, Section B, below. Applicant? 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.)											
ıer	Relationship to Owner:		☐ Prospectiv		er (have purchas er 🔲 Agent			☐ Contracto	or 🗆 I	Lessee	
Owner	Applicar	nt Name	:			_					
Mailing Street/P.O. Box		1			Apt	/Suite					
If not	Addr	ess:	City			Stat	te	Zip			
=	Phone:	Day			Eveni	ing:			Prefer? □	Day 🗆 Eve l	☐ Either
В	Site an	d Proje	ct Informatio	on							
Ph	ysical Ad	dress (9	11) 283 a	Co	untry C	Lub E	21.	Barre	VT	0569	<i>f J</i>
ln	100 Yr Fl	oodplai	the state of the s		es if any portion o				⊠ No		
Please briefly describe the project and/or request: 30'x46' garage											
С	Site Pla	an: All a	pplications mu	ıst includ	le a site plan. Se	ee the reve	rse side f	or more infor	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: Ref Rent						r					
FOR OFFICE USE ONLY											
Pe	rmit fee	5 5(O Recv	/'d by:	Smich	Recv'd fro	om: Pe	acock	Date:	APR 0	1 2021
Не	earing fee	\$	Recv	v'd by:		Recv'd fro	om:		Date:		
- Annual Con											

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 si	ite 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	⊠ 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	2 140	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? 🗆 Yes	⊠ No	# Kitchens			
Maximum building height:	feet				
Questions? Contact the Zoning Administra	tor, Kar	en Storey, at 454-7856 or plainfieldza@gmail.com			
D Action by Zoning Administrator: 1. Granted Referred, date: Denied, date: Reason/Comment: 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 # 2021-07 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: Denied, date:					
Chair, Development Review Board:					

(603) 707-7903 Barry Pearock Barnes 8 7-90/8 0 0 PIN 13,100 4.42 A 5 Y New 36×40 Proposed Garage 30 30' "וס" Lean To Well, Head Deck septic Burz Relug Pista CLL