


For Office Use	
ZP #	262L-17
Parcel #	033-0547
Map #	09-021.000
District:	<input type="checkbox"/> V <input type="checkbox"/> RR <input checked="" type="checkbox"/> F&A

Town of Plainfield

P.O. Box 217 • Plainfield, VT 05667-0217
 phone: 802-454-8461 • fax: 802-454-8467
 plainfieldza@gmail.com

Received by Town Clerk
 TOWN OF Plainfield
 MAY 12 2021
 12:30 PM


Zoning Permit Application

This form serves as the application for all zoning permits and development reviews.

A Owner/Applicant Information


Property Owner Name		Jessica Spector (Estate of Tony Spector)	
Mailing Address:	Street/P.O. Box	220 Weston Rd	Apt/Suite
	City	Weston	State CT Zip 06883
Phone: Day	203 623 6665	Evening	Prefer? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Either
Is Owner the Applicant?	<input type="checkbox"/> Yes ... Skip to Site and Project Information, Section B, below. <input checked="" type="checkbox"/> 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.)		
If not the Owner	Relationship to Owner:	<input type="checkbox"/> Prospective Owner (have purchase agreement) <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Lessee <input type="checkbox"/> Architect/Designer <input type="checkbox"/> Agent <input type="checkbox"/> Other:	
	Applicant Name: Shawn Flaskamper		
	Mailing Address:	Street/P.O. Box 228 Sanger Circle	Apt/Suite # 3
	City St. Johnsbury	State VT	Zip 05819
Phone: Day	603 616-5969	Evening: same	Prefer? <input type="checkbox"/> Day <input type="checkbox"/> Eve <input checked="" type="checkbox"/> Either


B Site and Project Information

Physical Address (911)	547 Gore Rd	
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: 6'x12' Mudroom on posts		

C Site Plan: All applications must include a site plan. See the reverse side for more information. →

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 type="checkbox"/> Property Owner OR <input checked="" type="checkbox"/> Agent for Owner
Signature:	
Date:	5/12/21

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Permit fee \$	50-	Recv'd by: 	Recv'd from: Flaskamper Date: 5-12-2021
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 accordance with 24 VSA §4414 (13), no use under this zoning permit may begin until a wastewater and potable water supply permit is issued under 10 VSA Chapter 64. 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:

<p>Is any portion of the building rented?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Will project require an access permit (driveway opening)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Will project disturb, grade, or excavate more than one acre of land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Will project result in increased water or sewer flow? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Does project require an Act 250 permit amendment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <hr/> <p>Maximum building height: <u>10</u> feet</p>	<p align="center">For residential structures, please indicate:</p> <p><input type="checkbox"/> Single-family <input type="checkbox"/> Two-family <input type="checkbox"/> Multiple units</p> <hr/> <p align="center">For all projects involving single-family houses:</p> <table border="0" style="width:100%;"> <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	_____	_____											

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

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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 # 2021-17 Date issued: 5/22/2021 Effective date: 6/06/21
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:

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.

State VT

