

DANVILLE ZONING APPLICATION

FOR ADMINISTRATIVE USE ONLY

APPLICATION# 2025-58

DATE RECEIVED: 8-19-25

FEE PAID: _____

*#100 per Act
8-19-25*

DO NOT WRITE ABOVE THIS LINE:

Step 1: TYPE OF PERMIT REQUESTED AND FEE

*Needs to go before Development Review Board

PERMITTED USE (\$35)

SUBDIVISION (\$65) *

DESIGN CONTROL (\$65) *

CONDITIONAL USE (\$65)*

VARIANCE (\$65) *

WAIVER (\$65) *

Step 2: ZONING DISTRICT (choose one)

MEDIUM DENSITY RESIDENTIAL 1

MEDIUM DENSITY RESIDENTIAL 2

VILLAGE RESIDENTIAL

LOW DENSITY RESIDENTIAL

DESIGN CONTROL OVERLAY

HISTORIC NEIGHBORHOODS

DEVELOPED SHORELAND OVERLAY

ROUTE 2

CONSERVATION

VILLAGE CORE

Step 3: APPLICANT/PROPERTY OWNER: (PLEASE PRINT - if more than one PROPERTY OWNER a separate sheet can be attached)

APPLICANT NAME(S): Matthew Lenz

APPLICANT'S MAILING ADDRESS: 3143 Robinson Rd Danville VA 24040

CONTACT NUMBER: 803-215-8888

EMAIL: lenzmat@phd.com

Property Owner Name(s) MUST be the same as recorded on deed. If more than one, separate sheet can be added.

PROPERTY OWNER NAME(S): Matthew Lenz

PROPERTY OWNER'S MAILING ADDRESS: 3143 Robinson Rd Danville VA 24040

CONTACT NUMBER: _____

EMAIL: _____

Step 4: PHYSICAL LOCATION OF PROJECT PROPERTY (911 ADDRESS):

3143 Robinson Rd Danville VA 24040

Parcel ID# SA003-058.000

DEED: BOOK# 161

PAGE# 465

IS PROPERTY ON TOWN WATER AND/OR SEWER?

YES

NO

Step 5: DESCRIPTION OF PROJECT AND ESTIMATED DATE OF COMPLETION

Step 6: LOT SIZE & SETBACKS: (Distance from new construction and lot lines)

LOT SIZE: 4.3 (ACRES) LOT WIDTH: _____

FRONT: 106 FT. **SETBACKS** REAR: 375 FT.
(from center of road)

RIGHT SIDE: 242 FT. LEFT SIDE: 140 FT.

Step 7: PLEASE ATTACH ONE COPY OF ALL SITE AND PLOT PLANS

- Copy must include: Site & design of building
- Height of building and landscaping design
- If in Design Control Overlay District: exterior design & exterior materials used

Step 8: ADJOINING LAND OWNER INFORMATION. Provide NAME of ALL adjoining landowners. ONLY required if going to a DRB Hearing (Conditional Use, Variance, Subdivision, Waiver, and Design Control Applications)

NAME _____

Step 9: SIGNATURE

By signing below, I/We hereby certify that, to the best of my/our knowledge, all of the above is a true representation of the facts related to this proposed project. I/We also hereby request a Hearing before the Development Review Board if application is for a Conditional Use, Variance, Subdivision or Design Control.

Applicant Matthew Keel Date: 8/12/25

SIGNATURE OF ALL PROPERTY OWNERS REQUIRED (If additional lines required, a separate piece of paper can be added)

Property Owner Paul Date: 8/12/25

FOR ADMINISTRATIVE USE ONLY

ZONING ADMINISTRATIVE OFFICER ACTION:

APPROVED DENIED REFERRED TO DRB (DEVELOPMENT REVIEW BOARD)

*Note: All applications for CONDITIONAL USE, DESIGN CONTROL, SUBDIVISION, WAIVER and VARIANCE will automatically be DENIED pending a decision by the DRB at a hearing.

ADMINISTRATIVE OFFICER'S SIGNATURE _____ DATE _____

DATE OF APPROVAL OR DENIAL BY DEVELOPMENT REVIEW BOARD: _____

DATE POSTED: _____ DATE WARNED: _____

HEARING DATE: _____ FINAL APPEAL DATE: _____

DO NOT WRITE ABOVE THIS LINE:

Step 1: TYPE OF PERMIT REQUESTED AND FEE

*Needs to go before Development Review Board

- PERMITTED USE (\$35) SUBDIVISION (\$65) * DESIGN CONTROL (\$65) *
 CONDITIONAL USE (\$65)* VARIANCE (\$65) * WAIVER (\$65) *

Step 2: ZONING DISTRICT (choose one)

- MEDIUM DENSITY RESIDENTIAL 1 MEDIUM DENSITY RESIDENTIAL 2 VILLAGE RESIDENTIAL
 LOW DENSITY RESIDENTIAL DESIGN CONTROL OVERLAY HISTORIC NEIGHBORHOODS
 DEVELOPED SHORELAND OVERLAY ROUTE 2 CONSERVATION VILLAGE CORE

Step 3: APPLICANT/PROPERTY OWNER: (PLEASE PRINT - if more than one PROPERTY OWNER a separate sheet can be attached)

APPLICANT NAME(S): Matthew Leach

APPLICANT'S MAILING ADDRESS: 3143 Peacham Rd. Somerset, VT 05882

CONTACT NUMBER: 802-279-5888 EMAIL: leachm@vt.net

Property Owner Name(s) MUST be the same as recorded on deed. If more than one, separate sheet can be added.

PROPERTY OWNER NAME(S): Matthew Leach

PROPERTY OWNER'S MAILING ADDRESS: 3143 Peacham Rd. Somerset, VT 05882

CONTACT NUMBER: _____ EMAIL: _____

Step 4: PHYSICAL LOCATION OF PROJECT PROPERTY (911 ADDRESS):

3143 Peacham Rd. Dorset, VT 05821

Parcel ID# 5A063-058000 DEED: BOOK# 65 PAGE# 146

IS PROPERTY ON TOWN WATER AND/OR SEWER? YES NO

Step 5: DESCRIPTION OF PROJECT AND ESTIMATED DATE OF COMPLETION

(from center of road)

RIGHT SIDE: 242 FT.

LEFT SIDE: 140 FT.

Step 7: PLEASE ATTACH ONE COPY OF ALL SITE AND PLOT PLANS

- Copy must include: Site & design of building
- Height of building and landscaping design
- If in Design Control Overlay District: exterior design & exterior materials used

Step 8: ADJOINING LAND OWNER INFORMATION. Provide NAME of ALL adjoining landowners. ONLY required if going to a DRB Hearing (Conditional Use, Variance, Subdivision, Waiver, and Design Control Applications)

NAME _____

Step 9: SIGNATURE

By signing below, I/We hereby certify that, to the best of my/our knowledge, all of the above is a true representation of the facts related to this proposed project. I/We also hereby request a Hearing before the Development Review Board if application is for a Conditional Use, Variance, Subdivision or Design Control.

Applicant Matthew Lewis Date: 8/17/25

SIGNATURE OF ALL PROPERTY OWNERS REQUIRED (if additional lines required, a separate piece of paper can be added)

Property Owner Mad Date: 8/17/25

FOR ADMINISTRATIVE USE ONLY

ZONING ADMINISTRATIVE OFFICER ACTION:

APPROVED DENIED REFERRED TO DRB (DEVELOPMENT REVIEW BOARD)

*Note: All applications for CONDITIONAL USE, DESIGN CONTROL, SUBDIVISION, WAIVER and VARIANCE will automatically be DENIED pending a decision by the DRB at a hearing.

ADMINISTRATIVE OFFICER'S SIGNATURE _____ DATE _____

DATE OF APPROVAL OR DENIAL BY DEVELOPMENT REVIEW BOARD: _____

DATE POSTED: _____ DATE WARNED: _____

HEARING DATE: _____ FINAL APPEAL DATE: _____

Peachan Rd

100'

House

Proposed Building location
24' x 52' x 12'

Old County Rd

