

DANVILLE ZONING APPLICATION

FOR ADMINISTRATIVE USE ONLY

APPLICATION# 2024-35 DATE RECEIVED: 5/29/24 FEE PAID: 65-

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): Valerie Friend
APPLICANT'S MAILING ADDRESS: PO Box 376 Danville VT 05828
CONTACT NUMBER: 802-751-9109 EMAIL: vppskidoe@yahoo.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): Randy + Valerie Friend
PROPERTY OWNER'S MAILING ADDRESS: same as above
CONTACT NUMBER: same as above EMAIL: same as above

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

99 Calkins Camp Rd

Parcel ID# T4092-002.000 DEED: BOOK# 69 PAGE# 359

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

Step 5: DESCRIPTION OF PROJECT AND ESTIMATED DATE OF COMPLETION

~~10x20~~ Storage shed
12x20

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

LOT SIZE: .75 (ACRES)

LOT WIDTH: _____

FRONT: 90 to street FT.
(from center of road)

SETBACKS

REAR: 90' to street FT.

RIGHT SIDE: 150' ~~set~~ from street FT.

LEFT SIDE: 0 (online) 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 Dwight Webster L Apoints to right
to left
and
back

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 Valencien

Date: 5/29/24

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

Property Owner Valencien

Date: 5/29/24

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: _____

Dwight Webster's

