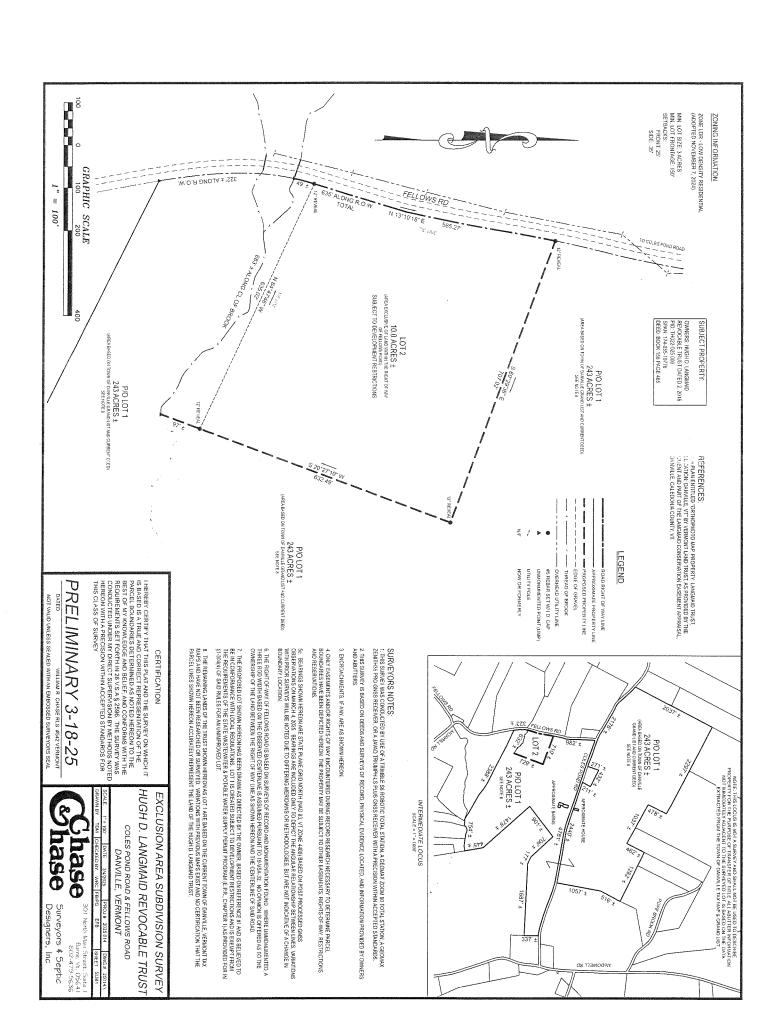
DANVILLE ZONING APPLICATION

FOR ADMINISTRATIVE USE ONLY
APPLICATION# 2025-10 DATE RECEIVED: 4-1-25 FEE PAID: 4-1-25
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): Revocable Trust of Hugh Langmaid
APPLICANT'S MAILING ADDRESS: 714 Cals Pond Rd, Danull, VT 05828
CONTACT NUMBER: 862-473-2520 EMAIL: Vtpondview e gmail. 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): Revocable Trust of Hugh Langmaid
PROPERTY OWNER'S MAILING ADDRESS: 16 Colo Pund Rd. Danile, VT 03828
CONTACT NUMBER: 802-473-2520 EMAIL: Utpondview & GMail. Com
Step 4: PHYSICAL LOCATION OF PROJECT PROPERTY (911 ADDRESS):
Parcel ID# TH 022-025.000 DEED: BOOK# 158 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:(ACRES)	LOT WIDTH:		
<u>SETBACKS</u>			
FRONT: FT.	REAR:	FT.	
RIGHT SIDE: FT.	LEFT SIDE:	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			
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 Date: 4-1-25 SIGNATURE OF ALL PROPERTY OWNERS REQUIRED (If additional lines required, a separate piece of paper can be added) Property Owner Scatt Supplied Trystee Date: 4-1-25			
FOR ADMINISTRATIVE USE ONLY			
ZONING ADMINISTRATIVE OFFICER ACTION:			
□APPROVED □ DENIED □ REFERRED TO DR	B (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:			





Orthophoto

