DANVILLE ZONING APPLICATION					
FOR ADMINISTRATIVE USE ONLY					
APPLICATION# 2025-14 DATE RECEIVED: FEE PAID: 35.00 3/28					
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					
<u>Step 3</u> : APPLICANT/PROPERTY OWNER: (PLEASE PRINT – if more than one PROPERTY OWNER a separate sheet can be attached)					
APPLICANT NAME(S): DAVID W. BAKER					
APPLICANT'S MAILING ADDRESS: PO BOX 27 DANVIUE VT 05828					
APPLICANT'S MAILING ADDRESS: PO BOX 27 DANVIUE VT 05828 CONTACT NUMBER: 92-214-9464 EMAIL: dbakervt@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): DAVID + MARY AND BAYSA					
PROPERTY OWNER'S MAILING ADDRESS: PO BOX 27 DANVLLE VT					
CONTACT NUMBER: 802-274-9464 EMAIL: dbakervt@gnail.com					
Step 4: PHYSICAL LOCATION OF PROJECT PROPERTY (911 ADDRESS):					
281 BRAINERD STREET					
Parcel ID#_SA 001-017000 DEED: BOOK# 150 PAGE# 435					
IS PROPERTY ON TOWN WATER AND/OR SEWER? □ NO WATER ONLY					
Step 5: DESCRIPTION OF PROJECT AND ESTIMATED DATE OF COMPLETION					
PET STONE AROUND TOTAL AREA ZO X 42' (SEE DRAWING)					
PET STONE AROUND TOTAL AREA ZO X 42' (SEE DRAWING)					

Step 6: LOT SIZE & SETBACKS: (Distance	from new construct	tion and lot lines	s)		
LOT SIZE: 7.8 (ACRES)		LOT WIDTH:	OT WIDTH: 100 yds		
FRONT: $\frac{600}{\text{(from center of road)}}$ FT.	ETBACKS	REAR:	600	_ FT.	
RIGHT SIDE: 150 FT.		LEFT SIDE: _	300	FT.	
Step 7: PLEASE ATTACH ONE COPY OF ALL SITE AND PLOT PLANS					
<u>Step 8:</u> 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_NAME_NAME	224 BRAIN			apparent,	
	300 BRAIN				
	249				
	ed project. I/We a a Conditional Use	also hereby red e, Variance, Su Date: ditional lines required Date	quest a Hearing b bdivision or Desi 3 28, 24	before the ign Control.	
ZONĮNG ADMINISTRATIVE OFFICER ACT		SE UNLY			
DAPPROVED DENIED REF		3 (DEVELOPN	MENT REVIEW	BOARD)	
*Note: All applications for CONDITIONAL US VARIANCE will automatically be DENIED per ADMINISTRATIVE OFFICER'S SIGNATURE	SE, DESIGN CON conding a decision b	NTROL, SUBI	DIVISION WAI	VER and	
DATE OF APPROVAL OR DENIAL BY DEVELOPMENT REVIEW BOARD:					
DATE POSTED: DATE WARNED:					
HEARING DATE: FINAL APPEAL DATE:					

