

# EXHIBIT A1

|              |                   |                        |               |
|--------------|-------------------|------------------------|---------------|
| Date:        | <u>07.22.2021</u> | Application #:         | <u>072-21</u> |
| Fees Paid:   | <u>150.</u>       | + \$15 recording fee = | <u>165.-</u>  |
| Parcel ID #: | <u>700-0109</u>   |                        |               |
| Tax Map #:   | <u>09-196.000</u> |                        |               |

## TOWN OF WATERBURY ZONING PERMIT APPLICATION

Please provide all of the information requested in this application. Read the Zoning Regulations and familiarize yourself with the requirements. Failure to provide all the required information will delay the process of this application. Based upon the nature of the project you may need to submit additional information. For instructions on how to fill out this form please refer to the *Zoning Permit Application Instructions & Fee Schedule* available on the municipal website or at the municipal offices. Submit one copy of the completed application and a check payable to the *Town of Waterbury* according to the zoning fee schedule. For questions about the permit process, please contact the Zoning Administrator at 802-244-1018.

### CONTACT INFORMATION

#### APPLICANT

Name: Cheryl Edwards  
 Mailing Address: PO Box 36  
Waterbury Ct, VT 05677  
 Home Phone: \_\_\_\_\_  
 Work/Cell Phone: 802 279 5585  
 Email: cheryl\_edwards1@comcast.net

#### PROPERTY OWNER (if different from Applicant)

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work/Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PROJECT DESCRIPTION

Physical location of project (E911 address): 109 Maple St.  
Waterbury Ct  
 Lot size: 1 acre Zoning District: Town Mixed Residential  
 Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
 Brief description of project: 10' x 15' deck  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Cost of project: \$ ~~1500~~ ? Estimated start date: now  
 Water system: \_\_\_\_\_ Waste water system: \_\_\_\_\_

### CHECK ALL THAT APPLY:

- NEW CONSTRUCTION**
- Single-Family Dwelling
  - Two-Family Dwelling
  - Multi-Family Dwelling
  - Commercial / Industrial Building
  - Residential Building Addition
  - Comm./ Industrial Building Addition
  - Accessory Structure (garage, shed)
  - Accessory Apartment
  - Porch / Deck / Fence / Pool / Ramp
  - Development in SFHA (including repairs and renovation)
  - Other \_\_\_\_\_

#### EXISTING

Square footage: N/A Height: \_\_\_\_\_  
 Number of bedrooms/baths: \_\_\_\_\_  
 # of parking spaces: \_\_\_\_\_  
 Setbacks: front: \_\_\_\_\_  
 sides: \_\_\_\_\_ / \_\_\_\_\_ rear: \_\_\_\_\_

#### PROPOSED

Square footage: 150 Height: \_\_\_\_\_  
 Number of bedrooms/bath: \_\_\_\_\_  
 # of parking spaces: \_\_\_\_\_  
 Setbacks: front: \_\_\_\_\_  
 sides: \_\_\_\_\_ / \_\_\_\_\_ rear: \_\_\_\_\_

#### USE

- Establish new use
- Change existing use
- Expand existing use
- Establish home occupation

#### OTHER

- Subdivision (# of Lots: \_\_\_\_\_)
- Boundary Line Adjustment (BLA)
- Planned Unit Development (PUD)
- Parking Lot
- Soil/sand/gravel/mineral extraction
- Other \_\_\_\_\_

### ADDITIONAL MUNICIPAL PERMITS REQUIRED:

- Curb Cut / Access permit
- E911 Address Request
- Water & Sewer Allocation
- none of the above

**[Additional State Permits may also be required]**

**SKETCH PLAN**

Please include a sketch of your project, drawn to scale, with all required measurements - see *Zoning Permit Application Instructions*. You may use the space below or attach separate sheets. For plans larger than 11"x17" please provide a digital copy (pdf. file format) in addition to a paper copy.

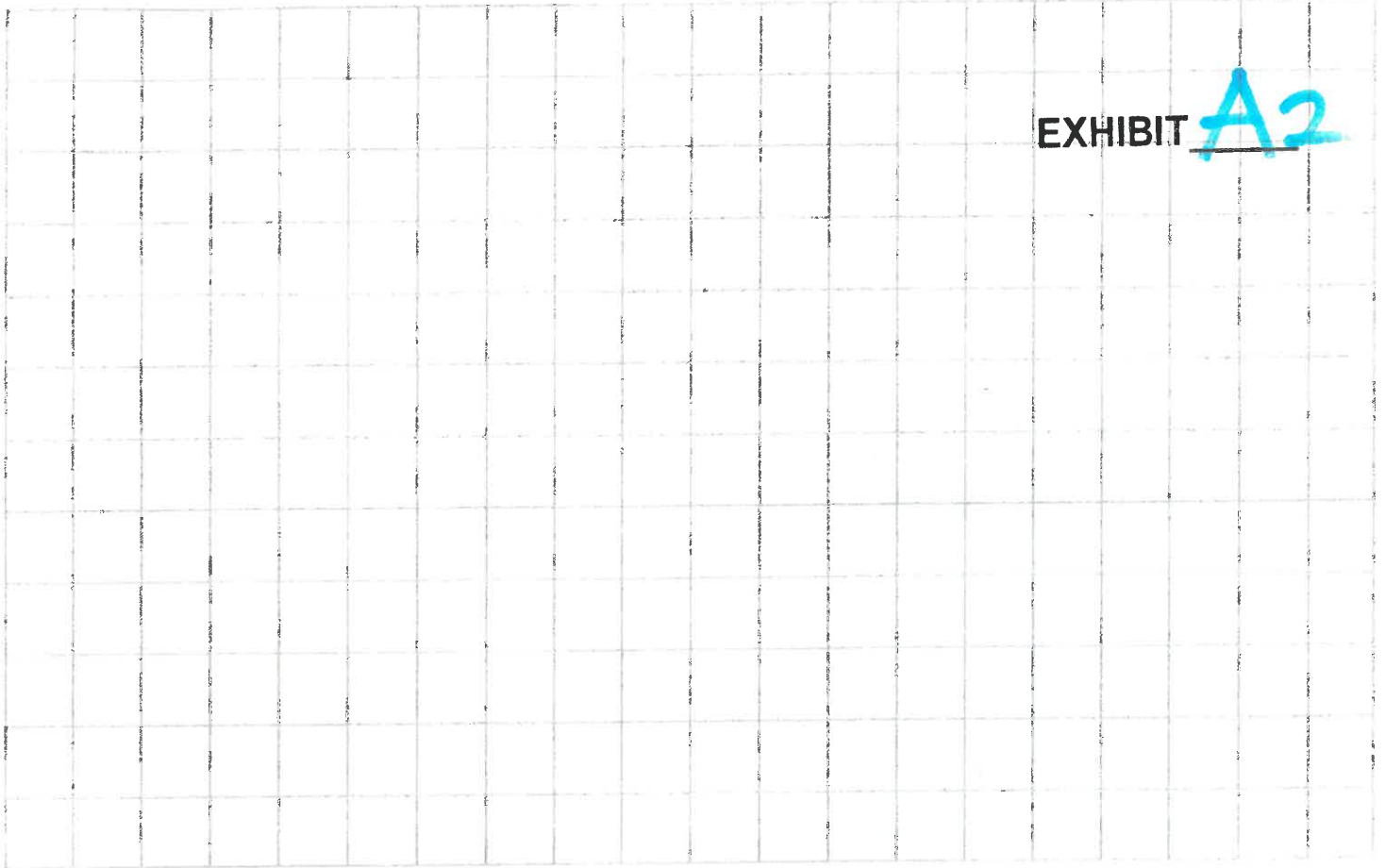


EXHIBIT A2

**SIGNATURES** The undersigned hereby applies for a Zoning Permit for the use described in this application to be issued on the basis of the representations made herein all of which the applicant swears to be complete and true.

*[Handwritten Signature]*  
 Applicant Signature 7-22-2021  
 date

*[Handwritten Signature]*  
 Property Owner Signature 7-22-2021  
 date

**CONTACT** Zoning Administrator Phone: (802) 244-1018  
Mailing Address: Waterbury Municipal Offices, 28 North Main Street, Suite 1, Waterbury, VT 05676  
Municipal Website: www.waterburyvt.com

**OFFICE USE ONLY**

Zoning District/Overlay: \_\_\_\_\_  
 Review type:  Administrative  DRB Public Warning Required:  Yes  No  
 DRB Referral Issued (effective 15-days later): \_\_\_\_\_  
 DRB Mtg Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_  
 Date Permit issued (effective 16-days later): \_\_\_\_\_  
 Final Plat due (for Subdivision only): \_\_\_\_\_  
 Remarks & Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW/APPLICATIONS:**  
 Conditional Use  Waiver  
 Site Plan  
 Variance  
 Subdivision:  
 Subdv.  BLA  PUD  
 Overlay:  
 DDR  SFHA  RHS  CMP  
 Sign  
 Other \_\_\_\_\_  
 n/a

**TOWN OF WATERBURY  
CONDITIONAL USE INFORMATION**

|                    |                                   |
|--------------------|-----------------------------------|
| Date: _____        | Application #: _____              |
| Fees Paid: _____   | (\$15 recording fee already paid) |
| Parcel ID #: _____ |                                   |
| Tax Map #: _____   |                                   |

This Conditional Use (and Setback Waiver) information sheet supplements the Zoning Permit application. Please provide all of the information requested on each form. Read the Zoning Regulations and familiarize yourself with the requirements. Failure to provide all the required information will delay the process. Submit one copy of the completed forms and a check payable to the *Town of Waterbury* according to the zoning fee schedule. For questions about the permit process, please contact the Zoning Administrator at 802-244-1018.

**PROJECT DESCRIPTION**

Brief description of project: 10 x 15 deck  
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**CONDITIONAL USE CRITERIA**

Please respond to the following; you may answer on a separate sheet and attach additional pages and supporting materials:

1. Describe how the proposed use will not have an undue adverse impact on the capacity of existing or planned community facilities to accommodate it (including roads and highways, municipal water or sewer systems, school system, fire protection services):  
doesn't affect any of these things

2. Describe how the proposed use will not have an undue adverse impact on the character of the area affected as defined by the Municipal Plan and the zoning district in which the proposed project is located:  
have front porch or deck many neighbors

3. Describe how the proposed use will not violate any municipal bylaws and ordinances in effect:  
?

4. Describe any devices or methods to prevent or control fumes, gas, dust, smoke, odor, noise, or vibration:  
it's a small construction job.

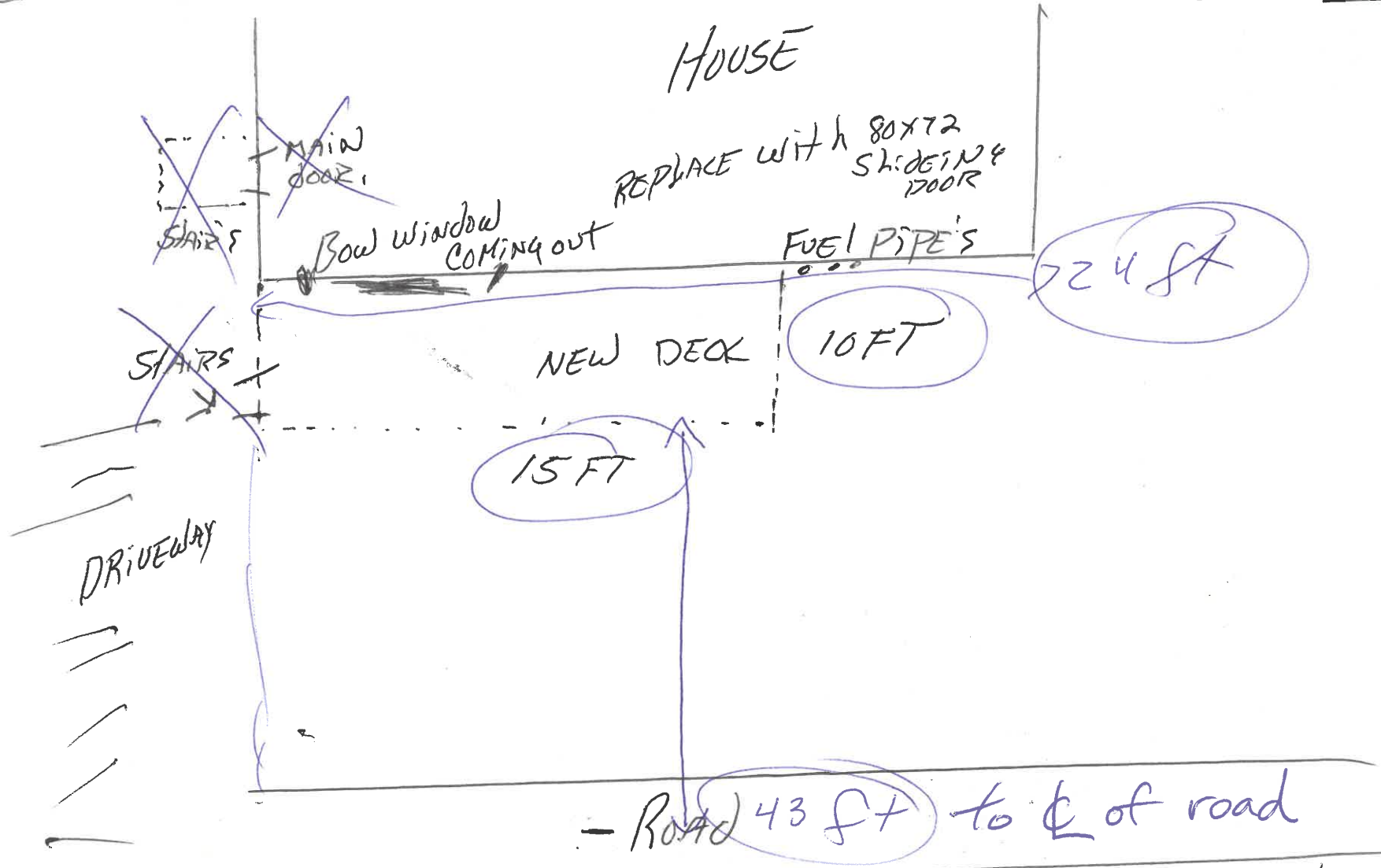
5. For removal of earth or mineral products which is not incidental to a construction, landscaping, or agricultural operation, a removal project must meet specific conditions outlined within Section 302 of the Waterbury Zoning Regulations. Are the conditions included within the Application Submittals?

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Mailing Address: Waterbury Municipal Offices, 28 North Main Street, Waterbury, VT 05676  
Municipal Website: www.waterburyvt.com

ESTIMATE

# FRONT DECK

EXHIBIT B



- REMOVE BOW WINDOW & INSTALL NEW SLIDING DOOR 3,500
- NEW DECK COST. & REPAIR MAIN INTER. DECK 6,700
- REPLACE ROOF ON GARAGE ~~80x24 = 2,600~~ 2 STEPS
- PLUS ANY PLYWOOD THAT IS BAD
- ~~4x8x5/8 = 150 PER INSTANT~~



# 109 Maple St., Cheryl Edwards

Waterbury Center, VT



July 19, 2021

1 inch = 16 Feet



EXHIBIT



Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.