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Parcel ID:= 916-0019 V
Tax Map#: 19-304.000
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\begin{aligned}
& \text { Date: } 4 / 14 / 2022 \text { Application \#: } 037-22 \\
& \text { Fees Paid: } \frac{50}{916-0019 \mathrm{~V}} \\
& \text { Parcel ID \#: } \frac{19}{19-304.000} \\
& \text { Tax Map \#: } \frac{195-}{3} 6
\end{aligned}
\]
```


## 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:


Mailing Address:
 42 WATERBURY, VT 05676

Home Phone :
Work/Cell Phone: $802 \cdot 793 \cdot 6828$
Email: RENTINVERMONTEGMAIL.COM

PROPERTY OWNER (if different from Applicant) Name: SAME

Mailing Address:

Home Phone :
Work/Cell Phone:
Email:
PROJECT DESCRIPTION
Physical location of project (E911 address):

## 9-19 SOUTH MANST

 Lot size: . . 16 AC Zoning District: DOWNTOWN (JW/N) Existing Use: $\qquad$ Proposed Use: $\qquad$Brief description of project: REPLACING $S T A / R S$ AND PORCH RAILING.
 Estimated start date: $\qquad$
$\square$ Waste water system: $M \cup N / C I D A L$

## PROPOSED

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

## ADDITIONAL MUNICIPAL PERMITS REQUIRED:

\author{

- Curb Cut / Access permit <br> $\square$ Water \& Sewer Allocation <br> - E911 Address Request <br> - none of the above
}

CHECK ALL THAT APPLY: NEW CONSTRUCTION

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


## USE

- Establish new use
$\square$ Change existing use
$\square$ Expand existing use
- Establish home occupation


## OTHER

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

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 $11^{\prime \prime} \times 17^{n}$ please provide a digital copy (pdf. file format) in addition to a paper copy.

## SEE ATOMCNED 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.


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: Downtown Commercial/DDR
Review type: $\square$ Administrative $\square$ DRB Public Warning Required: $\square$ Yes $\square$ No DRB Referral Issued (effective 15-days later): $\qquad$
DRB Mtg Date: $\qquad$ Decision Date: $\qquad$
Date Permit issued (effective 16-days later): $\qquad$
Final Plat due (for Subdivision only): $\qquad$

## REVIEWIAPPLICATIONS:

$\square$ Conditional Use $\quad$ Waiver
$\square$ Site Plan
$\square$ Variance
Subdivision:
$\square$ Subdv. םBLA $\square$ PUD
Overlay:
$\square$ DVR $\square$ SHA $\square$ RUS $\square C M P$
Remarks \& Conditions: $\qquad$ $\square$ Sign
$\square$ Other $\qquad$

- $\mathrm{n} / \mathrm{a}$

Authorized signature:
Date: $\qquad$

## Exhibit B1

## PLEASE SEE DESIGN CONCEPT BELOW

Flat Stock cable guardrail


## Exhibit B2



