

TOWN OF CHARLOTTE

Planning & Zoning
P.O. Box 119
159 Ferry Road
Charlotte, VT 05445
Phone: 802-425-3533
Fax: 802-425-4241
E-Mail: Gloria@townofcharlotte.com

Office Use Only #ZBA-_____
Date Received:

Note: Decisions of the Zoning Board of Adjustment may be appealed to the Vermont Environmental Court within 30 days of the date of the Board's written decision. Zoning Permits will not be issued so as to become effective prior to the end of that appeal period.

Receipt # _____ Application Fee \$200 _____ Appeal Fee \$150 _____ Hearing Date: _____
Telecommunications Facilities Fee \$1,000 _____

***APPLICANT/REPRESENTATIVE** (if different from owner)

Name Michael Garner, Susan Bayer Name Norman LeBoeuf
Address 1133 New Hampton Address PO Box 351
Sanbornton, NH 03269 Vergennes, VT 05491
Phone 603-286-3795 Phone 802-877-3098

*Representative must submit a letter from the owner of the property authorizing him/her to represent them for permits, hearings, etc.

Map 43 Block 50 Lot 2 Parcel ID # 00025-0910 Property address 910 Flat Rock Road, Thompson's Pt.
Lot size .36A Lot frontage 105'+/- % of Lot coverage (building) _____ (overall) _____ Building height _____ Front yard setback _____
Side yard setback _____ Rear yard setback _____ Zoning District SSHMD Note: all setbacks are existing
This application references Zoning Bylaw section(s) Sec. 2.7.D.6;F.4,6,11 & Sec 3.15.G.1,2,3,4; Sec.5.4A,B,C1,2,3,4,5,D1,2,3
X Plot Plan must be submitted showing the lot, existing structures and setbacks, easements, right-of-ways on or abutting the lot, septic primary and replacement areas, well, streams and any other information significant to this application) Submittals no larger 11" x 17".
X Use attached sheet to list all abutting property owners. Include those across any street, private road or right-of-way .
X Applicant will be required to notify adjoining property owners, by certified mail or certificate of service, after a hearing date has been set.
X Submit (1) original (5) copies complete application.

Conditional Use: X Variance: _____ Thompson's Point Seasonal Dist: X Appeal: _____ Other: (describe) _____

Describe your request: (When appropriate, make reference to attached documents, letters, photographs, etc.)

Please refer to the enclosed Scope of Project and History and Project Summary.

APPLICATION MUST BE RECEIVED AT LEAST 23 DAYS PRIOR TO THE HEARING DATE.
BE SURE TO COMPLETE ALL SECTIONS OF THE NECESSARY FORMS AND ATTACHMENTS. ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED.

Signature of applicant _____ Date _____