

Fee paid \$ 500 **ZONING PERMIT APPLICATION** Permit # - - -

Town of Charlotte, P.O. Box 119, Charlotte, VT 05445-0119

Owner(s) Joseph Kathleen Carrara Phone (h) \_\_\_\_\_  
Phone (w) \_\_\_\_\_

Application # 18-207

Address 265 Inn Rd

**RECEIVED**

Applicant Kathleen Carrara Phone (h) 802-238-8030

NOV 27 2018

Address 265 Inn Rd

Note: An applicant who is acting as agent for the owner must submit a letter of authorization from the owner.

Application Type

Property address Same Map \_\_\_ Block \_\_\_ Lot \_\_\_ Basic \_\_\_ Conditional Use \_\_\_ Variance

Parcel ID # \_\_\_\_\_ Zoning district \_\_\_\_\_ Acres \_\_\_\_\_ **For office use only**

Any conditions (subdivision, site plan, covenant, or conditional use approval) that apply to this property? Yes X No \_\_\_

Summarize those conditions: Conditional use ZBA-16-08-CU

Describe below the improvements to be made and their intended use: Pool - (small)  
See attachment

Details provided on Attachments # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

No. of sq. ft. added to building footprint \_\_\_\_\_ No. of sq. ft. of usable space added within building footprint \_\_\_\_\_

No. of bedrooms \_\_\_\_\_ baths \_\_\_\_\_ before construction. No. of bedrooms \_\_\_\_\_ baths \_\_\_\_\_ after construction.

\*Attach to this sheet 1) a plot plan, 2) a floor plan, and 3) elevation drawings, drawn to scale, with North →, showing:

**\*Plan size submissions to be 8 1/2 X 11 or 11 X 17**

- Road frontage and rear width and side lines
- All existing and proposed building footprints
- Building envelope, when applicable
- Setback distances to front, rear, & side property lines
- Building dimensions, including heights
- Utilities, easements, and right-of-ways
- Water well(s) and septic system(s)
- Bodies of water, including unnamed streams

***This permit is subject to appeal of the Zoning Administrator's decision by an interested party within fifteen (15) days of the date of issue and shall NOT become effective UNTIL the appeal period has expired or, if appealed, until final adjudication of said appeal.***

I/we will adhere to the zoning and sewage regulations of the Town of Charlotte. I/we agree to *not* to use these improvements until a *certificate of occupancy* has been issued. I/we agree to allow authorized Town officials access to the property to verify compliance with the terms and conditions of this permit, upon reasonable notice.

I/we acknowledge that my/our project may require a construction permit from the Vermont Department of Labor and Industry, and other State permits. I/we agree to contact the Department of Labor and Industry and the Regional Environmental Office to obtain any required permits prior to any work being done.

Signature(s) of applicants Kathleen Carrara Date 11 / 14 / 18

**For use by Zoning Administrator/Sewage Officer**

Date application received 11 / 27 / 18 Date permit issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date permit effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Certificate of Occupancy required? Yes \_\_\_ No \_\_\_ Application Approved \_\_\_ Denied \_\_\_

Estimated Project Completion Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_