Fee paid $ 500 — **ZONING PERMIT APPLICATION** — **Permit #** ZBA - 18 - 165

Recording paid $_____ **Town of Charlotte, P.O. Box 119, Charlotte, VT 05445-0119**

Owner(s) David Winters McMath — Phone (h) 802 482-3550 — Phone (w) 802 310-2994

Address 3161 Baldwin Road, Hinesburg, Vermont 05461

Email davidwintersMWBF@gmail.com

Application # _____

RECEIVED

SEP 14 2018

CHARLOTTE PLANNING & ZONING

Applicant same as above — Phone (h) _____ — Phone (w) _____

Address _____

Email _____

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

For office use only

Property address 241 Northshore Road — Map ___ Block ___ Lot _____

Parcel ID # 00024-0241 — Zoning district _____ — Acres 0.27 + small lot on east side of road w/ camp

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

Summarize those conditions: Property is located in the Shoreland Seasonal Home Management District.

Describe below the improvements to be made and their intended use: Increase roof pitch and raise the building structure to above grade on the east and south elevations. These changes will contribute to greater building integrity and longevity over time and will also resolve structural issues that were inherent in the original design. It will substantially improve the overall aesthetics of the building. The seasonal use of the camp remains unchanged.

Details provided on Attachments #1 through #10 included with this application and dated 09/14/18

No. of sq. ft. added to building footprint 24.63 No. of sq. ft. of usable space added within building footprint 24.63

No. of bedrooms 3 baths 1 *before* construction. No. of bedrooms 3 baths 1 ½ *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 ½ 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

Note: An adequate sewage disposal system must be designed by a registered civil engineer or site technician B after the performance of appropriate soil tests. Separate forms are available for required information and must be attached to this application when applicable.

Applicants planning new or improved driveway connections must obtain Select Board's written approval before this application will be deemed complete. Approval shall be in the form of an Access Permit.

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.

Zoning bylaws violations are subject to penalties of $100 for each day a violation is continued. This permit expires two (2) years from the date of issue. Any substantial change in the use or development covered by this permit shall require an amendment or new permit.

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 David Winters McMath — Date 09/14/18

For use by Zoning Administrator/Sewage Officer

Date application received 09 / 14 / 18 — Date permit issued ___/___/___ — Date permit effective ___/___/___

Permit # ____-____-____ — Certificate of Occupancy required? Yes ✓ No ____

Application Approved_____ Denied_____ — _____

Signature of Zoning Administrator/Sewage Officer

Project will require new septic system Yes ___ No ✓ or will increase flow to existing septic system: Yes ___ No ✓

Project will require a new road cut or improved driveway connection: Yes ____ No ____ Access Permit #_____

Application denied pending conditional use approval ___, variance required ___, or other reason _____

Zoning Board of Adjustment action:_____ Date ___/___/___