

APPLICATION FOR ZONING PERMIT

Town of Maidstone, VT

5. General description of proposed project: Replacement of existing, rotten deck and front entrance stairs. New deck to extend full length of structure.

6. Copy of Plot Plan attached: (Circle one) Yes No

An accurate plot plan, drawn to scale, showing a detailed footprint of the proposed construction of the new building, addition, or accessory building, as it relates to property lines, road, and shoreline, must be submitted with this application. The drawing must include dimensions to finished grade. A certified survey plat is required for all subdivisions; the Mylar needs to be recorded with the Town Clerk within 30 days. No permit can be issued unless the Mylar is received. Applications for Signs must include a drawing of the proposed sign depicting the exact dimensions of the sign(s) and the installation location.

7. You may be required to obtain one or more State permits before you begin your project. Please contact the Community Assistance Specialist in the St. Johnsbury Department of Environmental Conservation office, Jeffrey McMahon, to assist you in determining which State permits are required. Jeff may be contacted at (802) 477-2241, or by email at jeff.mcmahon@vermont.gov

8. The Vermont Shoreland Protection Act, effective July 1, 2014, as well as Maidstone Zoning Bylaws, regulates any land development and/or change to land use within 250 feet of Maidstone Lake's mean water level, such as new construction, renovation, tree or vegetation removal, or additional parking/driveway(s). A State permit or Letter of Determination is required from the State of Vermont. It is strongly recommended that applications to the State be submitted at least 45 days before the proposed beginning date of the project. Please see the Zoning Page on the Town website or the Vermont Department of Environmental Conservation's Shoreland Permitting Page for further information and for Shoreland application forms. If you are unsure as to whether your project requires a Shoreland Permit or Shoreland Registration, please fill out the shoreland project worksheet. Call (802) 490-6200, or contact Laura Woods at laura.woods@vermont.gov, (802) 490-6100, for further information.

9. Copy of Shoreland Permit attached: (Circle one) Yes No

Attached is the Letter of Determination that no such permit is required: (Circle one) Yes No

If "No", please explain: _____

10. Copy of Vermont Wastewater System and Potable Water Supply Permit attached: (Circle one) Yes No

Attached is the Letter of Determination that no such permit is required: (Circle one) Yes No

If "No", please explain: _____

PROPERTY OWNER/APPLICANT: The undersigned property owner/applicant hereby certifies that the information on this application is true and accurate, consents to its submission, and understands that if the application is approved, the zoning permit and any attached conditions will be binding on the property. The undersigned acknowledges reading and understanding the Maidstone Zoning Bylaws and agrees to abide by these Bylaws, as they pertain to the property and the scope of development identified above. The undersigned acknowledges receiving the digital link to or hard copy of the Residential or Commercial Building Energy Code Handbook, if the proposed structure will be heated/cooled. Further, the undersigned authorizes the Zoning Administrator access, at reasonable times, to the property covered by the permit issued under this application, for the purposes of ascertaining compliance with said permit. The undersigned also authorizes the Listers access, at reasonable times, to the property for the purposes of appraisal.

Signature of Property Owner: [Signature]

Date: 03/27/2026

Signature of Applicant (if not property owner): _____

Date: _____

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DECISION OF ZONING ADMINISTRATOR

Upon the basis of representations contained in this application and a field check by me on: ___/___/___ this application is hereby (Circle or check one):

___ Approved ___ Denied ___ Referred to the Zoning Board or Planning Commission

subject to an appeal on or before: ___/___/___ Effective Date: ___/___/___ (at end of the 15 day appeal period)

Conditions set (if applicable): _____

Reason for denial: _____

Reason for referral (Circle one): Subdivision: Yes or No Conditional Use: Yes or No Variance: Yes or No

Date: ___/___/___ _____

Name of Zoning Administrator

Signature of Zoning Administrator

Referred to Zoning Board (ZBA) or Planning Commission (PC) on: ___/___/___ Reason: _____
Date

Date Posted By ZBA/PC: ___/___/___ Date Publicly Warned: ___/___/___ Hearing Date: ___/___/___

Date of Approval: ___/___/___ Date of Denial: ___/___/___ Final Appeal Date: ___/___/___

Decision Returned to Zoning Administrator on: ___/___/___ Zoning Administrator Signature: _____

Recorded by the Town Clerk: _____ Name _____ Signature _____ Date: ___/___/___

Recorded in: _____

THIS PERMIT EXPIRES 2 YEARS FROM DATE OF APPROVAL

§502 (4): If the zoning permit is approved, all activities authorized by its issuance shall have substantially commenced within two years of its date of issue, or the zoning permit shall become null and void and reapplication to complete any activities shall be required. In the event that permitted activities have not substantially commenced, a one time, one year extension of the original permit may be applied for before the expiration of the original permit, subject to current application fees.