APPLICATION FOR ZONING PERMIT Town of Maidstone, VT

		strative Use Only:			
Date received:/	Date received:/ Received by:		Application #		
Fee Due for Application: \$85.00 Fee received by:			Date :/		
he construction, reconstruction, convertucture, or of any mining, excavation	version, structural alter on, or landfill, and any 2 (1)). If the application	eration, relocation, or er y change in the use of a on is found to be complete.	on of a parcel into two or more parcels nlargement of any building or other ny building or other structure, or land ete, the Zoning Administrator will issu		
projects requiring an Agency of Natussued by the Agency under 10 VSA	ral Resources Waste V Chapter 64. equired to post an app	Water and Potable Water proved building permit	within view of the public right-of-way		
Property Address:		Parcel ID#:	District:		
PROPERTY OWNER (if more than one OWNER, attach separate sheet)		APPLICANT	APPLICANT (If DIFFERENT from OWNER)		
Name: (Please print)		Name: (Please print)			
Mailing Address:		Mailing Address:			
City: Stat	e: Zip:	City:	State: Zip:		
Email:		Email:			
Phone:		Phone:			
DO NOT USE THIS PERMIT FOR Major Subdivision: Right These require different Permit Appl.	nt-of-Way for Property		onal Use: Curb Cut: website at <u>https://www.maidstone-vt.org/</u>		
Minor Subdivision: Dwell	ation (please describe) ing, 1 or 2 Family: essory Use: omply with VT Buildi	Addition: hange of Use: ng Energy Standards:			
B. Lot Size: B. Dimensions of Building Project: I Setback from Road: Setback from Waterfront (mean w Setback from Property Lines, facing Right Side:	Length:ft. ft. (setback from atter level):ft. (setback from the property from the prope	Width:ft the lot boundary marke for Lake and Pond Dist front lot line (See Bylav	rs by the road) ricts: Tables 210.3 and 210.4) w §702 Term Definitions):		

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5.	5. General description of proposed project:			
6.	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 to addition, or accessory building, as it relates to property lines, road, and shoreline, must be submitted application. The drawing must include dimensions to finished grade. A certified survey plat is requisubdivisions; the Mylar needs to be recorded with the Town Clerk within 30 days. No permit can be Mylar is received. Applications for Signs must include a drawing of the proposed sign depicting the of the sign(s) and the installation location.	d with t ired for e issued	his all unl	ess the
7.	7. You may be required to obtain one or more State permits before you begin your project. Please contacts Assistance Specialist in the St. Johnsbury Department of Environmental Conservation office, Jeffre assist you in determining which State permits are required. Jeff may be contacted at (802) 477-2241 jeff.mcmahon@vermont.gov .	у МсМ	aho	n, to
8.	3. The Vermont Shoreland Protection Act, effective July 1, 2014, as well as Maidstone Zoning Bylaws development and/or change to land use within 250 feet of Maidstone Lake's mean water level, such construction, renovation, tree or vegetation removal, or additional parking/driveway(s). A State per Determination is required from the State of Vermont. It is strongly recommended that applications t submitted at least 45 days before the proposed beginning date of the project. Please see the Zoning website or the Vermont Department of Environmental Conservation's Shoreland Permitting Page for information and for Shoreland application forms. If you are unsure as to whether your project requirement or Shoreland Registration, please fill out the shoreland project worksheet. Call (802) 490-62 Woods at laura.woods@vermont.gov , (802) 490-6100, for further information.	n as new mit or L to the So Page or further tres a Sh	Lette tate tate the tr	er of be e Town
9.	O. Copy of Shoreland Permit attached: (Circle one) Yes No Attached is the Letter of Determination that no such permit is required: (Circle one) Yes If "No", please explain:	No		
10	10. Copy of Vermont Wastewater System and Potable Water Supply Permit attached: (Circle one) Ye Attached is the Letter of Determination that no such permit is required: (Circle one) Yes No If "No", please explain:	es No		
th zo ur sc Re ur ur	PROPERTY OWNER/APPLICANT: The undersigned property owner/applicant hereby certifies that this application is true and accurate, consents to its submission, and understands that if the application coning permit and any attached conditions will be binding on the property. The undersigned acknowled understanding the Maidstone Zoning Bylaws and agrees to abide by these Bylaws, as they pertain to the scope of development identified above. The undersigned acknowledges receiving the digital link to or Residential or Commercial Building Energy Code Handbook, if the proposed structure will be heated/andersigned authorizes the Zoning Administrator access, at reasonable times, to the property covered bunder this application, for the purposes of ascertaining compliance with said permit. The undersigned a Listers access, at reasonable times, to the property for the purposes of appraisal.	is approduced in the proper hard colled.	oved adingerty opy of Furnerm	d, the g and and the of the ther, the it issued
Si		e:/		
Si	Signature of Applicant (if not property owner): Date	e:	,	_/

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DECISION OF ZONING ADMINISTRATOR

Upon the basis of representations contained in this application and a field chapplication is hereby (Circle or check one):	neck by me on:, this
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	al 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: Date	
Date Posted By ZBA/PC:/ Date Publicly Warned:/	
Date of Approval:/ Date of Denial:/	Final Appeal Date://
Decision Returned to Zoning Administrator on:/Zoning Administrator	dministrator Signature:
Recorded by the Town Clerk: Name Si	gnature 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.

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