## TOWN OF WATERBURY ZONING PERMIT APPLICATION

Please provide all of the information requested in this application.
Date: $07062 z^{2}$ Application \#: $067-22$
Fees Paid: $300+\$ 15$ recording fee $=315.00$
Parcel ID \#: $\frac{555-0403}{14-045.000}$
Tax Map \#: $\frac{14-04}{}$

Read the Zoning Regulations and familiarize yourself with the requirements. Failure to provide all the required information will delay the process of this application. Based upon the nature of the project you may need to submit additional information. For instructions on how to fill out this form please refer to the Zoning Permit Application Instructions \& Fee Schedule available on the municipal website or at the municipal offices. Submit one copy of the completed application and a check payable to the Town of Waterbury according to the zoning fee schedule. For questions about the permit process, please contact the Zoning Administrator at 802-244-1018.

## CONTACT INFORMATION

| APPLICANT |
| :--- |
| Name: Michaela Quinlan |
| Mailing Address: 460 Ring Road |
| Waterbury Center, VT 05677 |
| Home Phone: NA |
| Work/Cell Phone: $\frac{802-881-1170}{\text { Email: mquinlan@hickokandboardman.com }}$ |

PROPERTY OWNER (if different from Applicant)
Name: same

Mailing Address: $\qquad$

Home Phone : $\qquad$
Work/Cell Phone: $\qquad$
Email: $\qquad$

## PROJECT DESCRIPTION

Physical location of project (E911 address):
403 Ring Road, WaterburyCtr

| Lot size: . 7 | Zoning District: ${ }^{\text {nes - Conservation }}$ |
| :---: | :---: |
| Existing Use: Camp Proposed Use: single family |  |
| Brief description of project: $\qquad$ deferred maintenance from previous owner/ mold/ camp, not |  |
| quality constructio |  |


| S ${ }^{\text {S }}$ \$50k +/- | July 2023 |
| :---: | :---: |
| Water system: Spring | Wstimated start date: Presby Fall 23 |
|  |  |
| EXISITING | PROPOSED 1152 22ft |
| Square footage:___ Height: | Square footage: 1152 Height:_ |
| Number of bedrooms/baths: | Number of bedrooms/bath: |
| \# of parking spaces: | \# of parking spaces: |
| Setbacks: front: | Setbacks: front: 74 ft to middle of road |
| sides: / rear: | sides: same as pefore / 20ft rear: same |

## ADDITIONAL MUNICIPAL PERMITS REQUIRED:

\author{

- Curb Cut / Access permit $\quad$ E911 Address Request <br> $\square$ Water \& Sewer Allocation $\quad \square$ none of the above
}

CHECK ALL THAT APPLY:
NEW CONSTRUCTION
$\checkmark$ Single-Family Dwelling
$\square$ Two-Family Dwelling

- Multi-Family Dwelling
- Commercial / Industrial Building
- Residential Building Addition
- Comm./ Industrial Building Additio:
- Accessory Structure (garage, shed)
- Accessory Apartment
- Porch / Deck / Fence / Pool / Ramp
$\square$ Development in SFHA (including repairs and renovation)
- Other $\qquad$


## USE

$\square$ Establish new use
$\square$ Change existing use
$\square$ Expand existing use
$\square$ Establish home occupation
OTHER

- Subdivision (\# of Lots:___)
$\square$ Boundary Line Adjustment (BLA)
$\square$ Planned Unit Development (PUD)
$\square$ Parking Lot
- Soil/sand/gravel/mineral extraction
$\square$ Other $\qquad$

SKETCH PLAN Please include a sketch of your project, drawn to scale, with all required measurements - see Zoning Permit Application Instructions. You may use the space below or attach separate sheets. For plans larger than $11^{\prime \prime} \times 17^{\prime \prime}$ please provide a digital copy (pdf. file format) in addition to a paper copy.
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Exhibit A2

SIGNATURES The undersigned hereby applies for a Zoning Permit for the use described in this application to be issued on the basis of the representations made herein all of which the applicant swears to be complete and true.


CONTACT Zoning Administrator Phone: (802) 244-1018
Mailing Address: Waterbury Municipal Offices, 28 North Main Street, Suite 1, Waterbury, VT 05676
Municipal Website: www.waterburyvt.com

## OFFICE USE ONLY

Zoning District/Overlay: $\quad$| Review type: $\square$ Administrative $\square$ DRB Public Warning Required: $\square$ Yes $\square$ No |
| :--- |
| DRB Referral Issued (effective 15-days later): |
| DRB Mtg Date: $\quad$ Decision Date: |
| Date Permit issued (effective 16-days later): |
| Final Plat due (for Subdivision only): |
| Remarks \& Conditions: |.

REVIEWIAPPLICATIONS:
$\square$ Conditional Use $\quad$ Waiver
$\square$ Site Plan
$\square$ Variance
Subdivision:
$\square$ Subdv. $\square$ BLA $\square$ PUD

## Overlay:

$\square D D R \square S F H A \square R H S \square C M P$

- Sign
- Other $\qquad$
$\square \mathrm{n} / \mathrm{a}$

Authorized signature:
Date: $\qquad$

## TOWN OF WATERBURY CONDITIONAL USE INFORMATION

$\qquad$
$\qquad$
This Conditional Use (and Setback Waiver) information sheet supplements the Zoning Permit application. Please provide all of the information requested on each form. Read the Zoning Regulations and familiarize yourself with the requirements. Failure to provide all the required information will delay the process. Submit one copy of the completed forms and a check payable to the Town of Waterbury according to the zoning fee schedule. For questions about the permit process, please contact the Zoning Administrator at 802-244-1018.

## PROJECT DESCRIPTION

Brief description of project: _non conforming, pre existing small lot; exisiting structure is a camp with a lot of deferred maintenance, mold, not quality construction; current foot print is $24 \times 32$, new plans have wider foot print $24 \times 48$, this bring the foot print 20 feet to property line.

## CONDITIONAL USE CRITERIA

Please respond to the following; you may answer on a separate sheet and attach additional pages and supporting materials:

1. Describe how the proposed use will not have an undue adverse impact on the capacity of existing or planned community facilities to accommodate it (including roads and highways, municipal water or sewer systems, school system, fire protection services):
Proposed use will not have adverse impact on roads, water/septic system, school system, fire services all NA
2. Describe how the proposed use will not have an undue adverse impact on the character of the area affected as defined by the Municipal Plan and the zoning district in which the proposed project is located:

## Proposed use will improve character of the area

3. Describe how the proposed use will not violate any municipal bylaws and ordinances in effect:

## Proposed use will not violate bylaws and or ordinances - NA

4. Describe any devices or methods to prevent or control fumes, gas, dust, smoke, odor, noise, or vibration:

NA
5. For removal of earth or mineral products which is not incidental to a construction, landscaping, or agricultural operation, a removal project must meet specific conditions outlined within Section 302 of the Waterbury Zoning Regulations. Are the conditions included within the Application Submittals?
Minimal soil disruption for home build and bridge rebuild - see Stream Alteration Permit

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Mailing Address: Waterbury Municipal Offices, 28 North Main Street, Waterbury, VT 05676
Municipal Website: www.waterburyvt.com

## Exhibit B




(1) $\frac{\text { SITEPERSPECTIVE }}{\text { NOT TOSCALE }}$

(2) SITEPERSPECTIVE

Exhibit D


## Exhibit E



Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes of misuse or misrepresentation of this map.

## Exhibit F



August 17, 2022

## Zoning-403 Ring Rd.

Waterbury Ctr., VT
1 inch = 134 Feet


Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.


## Application Form for coverage under the Stream Alteration General Permit

and 10 VSA, CHAPTER 41, SUBCHAPTER 2

For Stream Alteration Permitting Use Only
Application Number:
It is strongly recommended prior to your submission of this application to have a site visit with the Department of Environmental Conservation (DEC) - Rivers District Engineer in your area. For engineer and district contact information, please visit our website: https://dec.vermont.gov/sites/dec/files/wsm/rivers/docs/RME districts.pdf
Site Visit Date: 5/12/21 DEC Engineer: Jaron Borg
Instructions: To be administratively complete, provide all information on the form and submit the $\$ 200.00$ application review fee using ANR Online: https://anronline.vermont.gov/?formtag=WSMD_Intake. Permit Applications are subject to a 14 day comment period. Refer to the instructions on page 3 of this document for guidance in completing this form.

| O. Permit Registration - $\$ 200.00$ Review Fee | (Registrations are for low-risk activities, (bridge repairs, structure replacement) |
| :--- | :--- |
| Permit Application - $\$ \mathbf{2 0 0 . 0 0}$ Review Fee | (Applications are required for moderate and high-risk activities) |

Is this a flood recovery project? (The proposed work repairs damage from a flood event that occurred within the past 2 years)
A. Applicant Contact Information (All information in this section is required):

1. Name: Michaela Quinlan

2a. Mailing Address: 460 Ring Road, Waterbury Center

| 2b. Town: Waterbury CTR | 2c. State: VT | 2d. Zip: 05677 |
| :--- | :--- | :--- |

3. Phone: 8028811170 4. Email: frombtv@gmail.com
B. Landowner (If different than applicant):
4. Name: same

2a. Mailing Address:

| 2b. Town: | 2c. State: | 2d. Zip: |
| :--- | :--- | :--- |
| 3. Phone: | 4. Email: |  |

C. Project Location (Either address or Latitude and Longitude coordinates are required):

| 1. Address: 403 Ring Road | 2. Town: Waterbury Center |  |
| :---: | :---: | :---: |
| 3. River: Ring Road Run off | Please follow this link to the ANR Atlas Map |  |
| 4a. Latitude: | 4b. Longitude: |  |
| D. Contractor/Consultant (If applicable): |  |  |
| 1. Name: Mike Stromme |  |  |
| 2a. Mailing Address: 1010 West Main Street |  |  |
| 2b. Town: Richmond | 2c. State: VT | 2d. Zip: 05477 |
| 3. Email: mstromme2@yahoo.com | 4. Phone: 802-999-8502 |  |
| E. Project Description (This section is required): | (i.e. Materials used, project area, and proposed outcome) |  |
| Upgrading, building new bridge, improving condition, current one is decaying; Materials; Concrete waste blocks as footings, 6, 2x2x6 blocks on each side; 3 steel beams; Pressure treated decking; Wire/ wood railings; Project area; 29 feet $\times 12$ feet; Proposed Outcome: to once again provide additional parking and safe access to the lot. |  |  |

F. Please check the boxes for required attachments below. Applications submitted without the required attachments will not be forwarded for technical review. (Additional information may be required after initial application review)

## Location Map

Project design drawings including: plan view, cross sections, existing \& proposed conditions, bankful width and applicable engineering reports

## G. Application Certification:

I hereby certify that the information on this application is, to the best of my knowledge, true and accurate. I recognize that by signing this application I am giving consent to employees of the State to enter the subject property for the purpose of processing this application and for ensuring compliance with subsequent agency decisions relating to the project.
$\square$
dotloop verified 17/01/22 12:00 PM EDT
QCYM-ENYQ-FZT5.4QLI Date: $\qquad$
Print Full Name: Michaela Quinlan

If the project is occurring on property other than your own, please include additional signatures below:
Landowner(s) Signature: $\qquad$ Date: $\qquad$
Print Full Name: $\qquad$

Landowner(s) Signature: $\qquad$ Date: $\qquad$
Print Full Name: $\qquad$
A PERMIT MAY BE REQUIRED FROM THE US ARMY CORPS OF ENGINEERS
For information contact: US Army Corps of Engineers, VT Project Office, 8 Carmichael Street Suite 205, Essex Jct VT 05452 802-872-2893

The application fee for this permit is $\$ 200.00$
Please submit form, required attachments, and payment using ANROnline at
https://anronline.vermont.gov/?formtag=WSMD_Intake
If unable to submit online, mail the completed application form and required attachments along with a check for the application fee made payable to State of Vermont to:

Vermont Department of Environmental Conservation Watershed Management Division

1 National Life Drive, Davis 3
Montpelier, VT 05620-3522

Refund Policy:

Permit Review Fees are non-refundable unless an application is withdrawn prior to administrative review.

## Exhibit H



