Exhibit A1

TOWN OF WATERBURY ZONING PERMIT APPLICATION

Date: 07.0	6. 20 2 En 267 - 22
	•• + \$15 recording fee = 315.00
Parcel ID #:	535-0403
Тах Мар #:	14-045.000

Please provide all of the information requested in this application.

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

CONTACT INFORMATION					
APPLICANT Michaela Quinlan		PROPERTY OWNER (if different from Applicant)			
Name: Michaela Quinlan	_ Name:	Name:			
Mailing Address: 460 Ring Road	Mailing Address:				
Waterbury Center, VT 05677					
Home Phone : NA	_ Home Phone : _				
Work/Cell Phone: 802-881-1170	Work/Cell Phone	Work/Cell Phone:			
Email:mquinlan@hickokandboardman.com					
DDO ISOT DESCRIPTION		CHECK ALL THAT APPLY:			
Physical location of project (E911 address):	Road, waterburyCtr	NEW CONSTRUCTION			
Lot size: <u>.7</u> Zoning District: <u>AEP - C</u> Existing Use: <u>Camp</u> Proposed Use: <u>sing</u> Brief description of project: <u>Tearing down current of</u>	 Two-Family Dwelling Multi-Family Dwelling Commercial / Industrial Building Residential Building Addition 				
deferred maintenance from previous owner/ m	nola/ camp, not	 Comm./ Industrial Building Additio Accessory Structure (garage, shed) 			
quality construction		□ Accessory Apartment			
		□ Porch / Deck / Fence / Pool / Ramp			
Cost of project: \$ Estimated start da	July 2023	Development in SFHA (including			
Water system: Waste water system	em: Presby Fall 23	repairs and renovation) Other 			
EXISITING PROPOSED	1	USE			
Square footage: Height: Square foota	ge:Height:22ft	□ Establish new use			
Number of bedrooms/baths: Number of b	□ Change existing use				
# of parking spaces: # of parking	 Expand existing use Establish home occupation 				
# of parking spaces. Setbacks: front: Setbacks: front:	 OTHER 				
	s þefore / 20ft rear:	\Box Subdivision (# of Lots:)			
		□ Boundary Line Adjustment (BLA)			
ADDITIONAL MUNICIPAL PERMITS R	EQUIRED:	Planned Unit Development (PUD)			
□ Curb Cut / Access permit □ E911 Address Request	Parking Lot				

[Additional State Permits may also be required]

□ Soil/sand/gravel/mineral extraction

 \Box Other

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"x17" please provide a digital copy (pdf. file format) in addition to a paper copy.

а	t	t	а	С	h	е	d	р	1	0	t	m	а	р	
							Ex	hibi	t A	2					

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.

NdA	6/28/22
Applicant Signature	date
, Md St	6/28/22
Property Owner Signature	date

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	
		_ REVIEW/APPLICATIONS:
Review type: Administrative D	RB Public Warning Required: D Yes D No	Conditional Use Waiver Site Plan
DRB Referral Issued (effective 15-	days later):	
DRB Mtg Date:	Decision Date:	
	ays later):	Subdv. 🗆 BLA 🗖 PUD
Final Plat due (for Subdivision only	Overlay:	
Remarks & Conditions:	and the second second second	01
Authorized signature:	Date:	□ n/a

Exhibit A3_r

TOWN OF WATERBURY CONDITIONAL USE INFORMATION

Date:	Application #:
Fees Paid:	(\$15 recording fee already paid)
Parcel ID #:	
Tax Map #:	

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

mold, not quality construction; current foot print is 24 x 32, new plans have wider foot print 24 x 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:

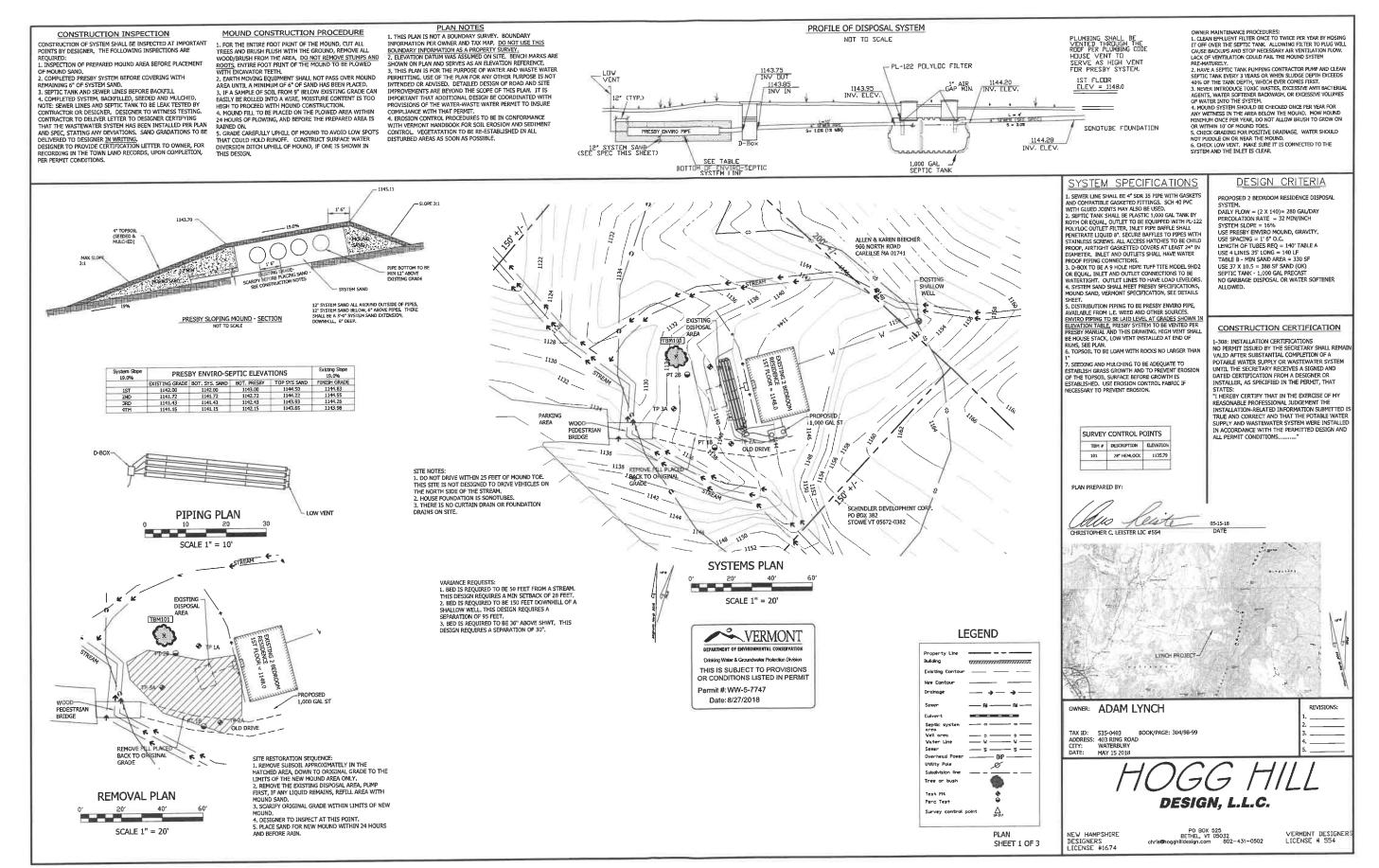
NA

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?

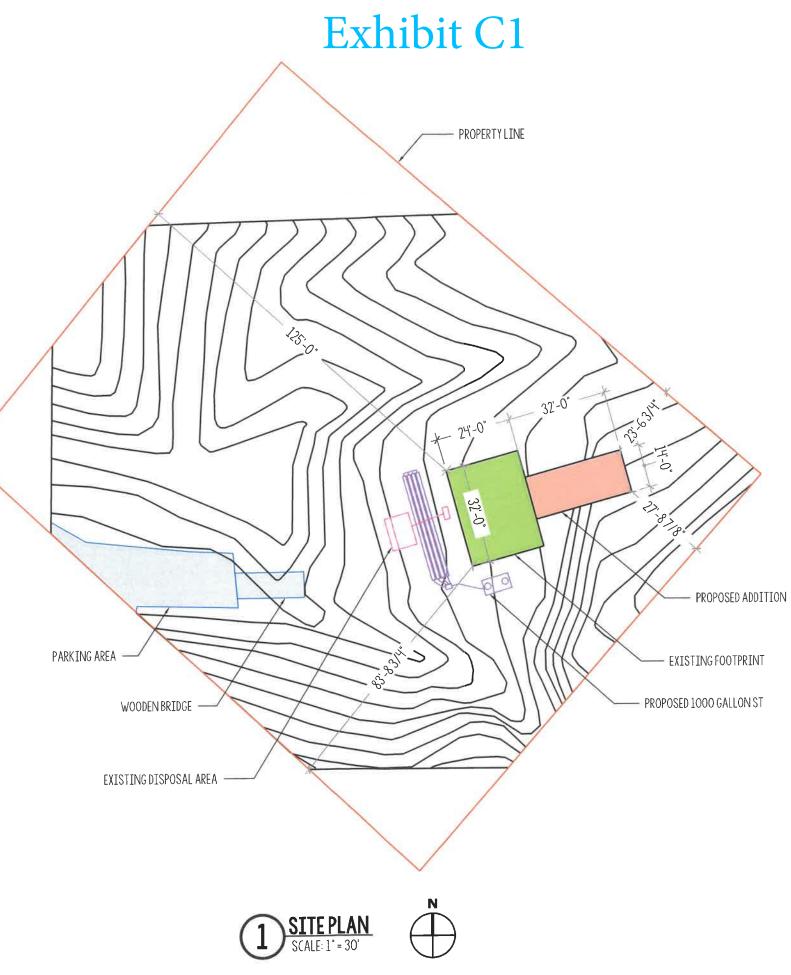
Minimal soil disruption for home build and bridge rebuild - see Stream Alteration Permit

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

Exhibit B





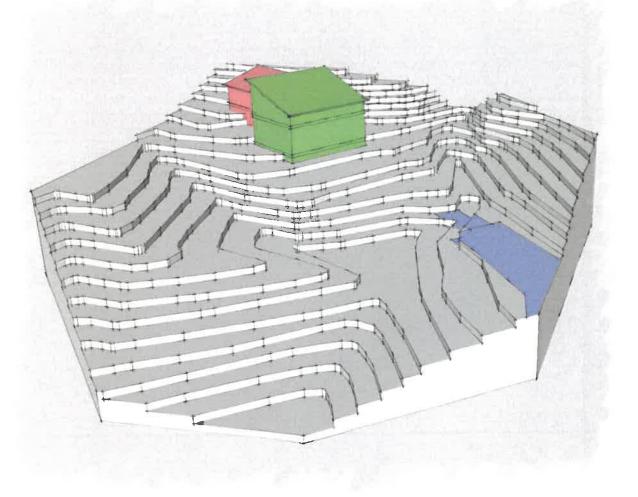


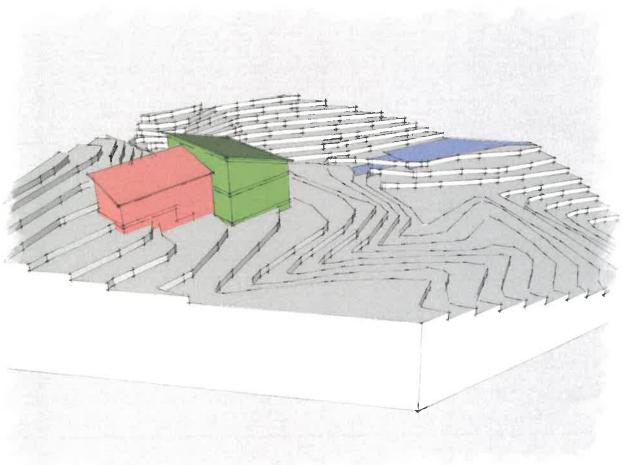


PAGE 1 DESIGN CONTACT: Jamie Hart PHONE: 802.363.0402

Exhibit C2

QUINLAN RESIDENCE WATERBURY, VT 07.29.2022





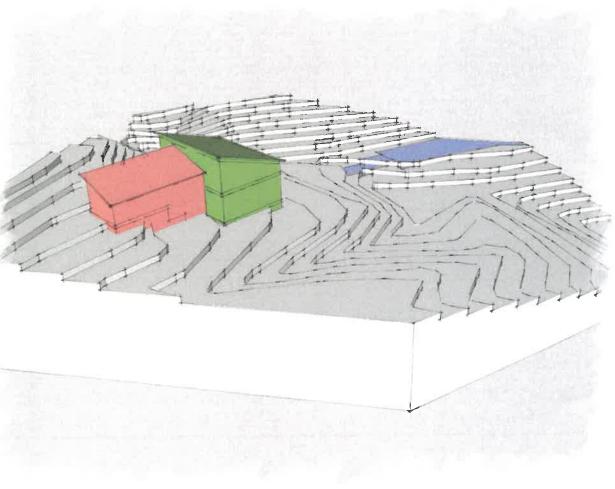








Exhibit D

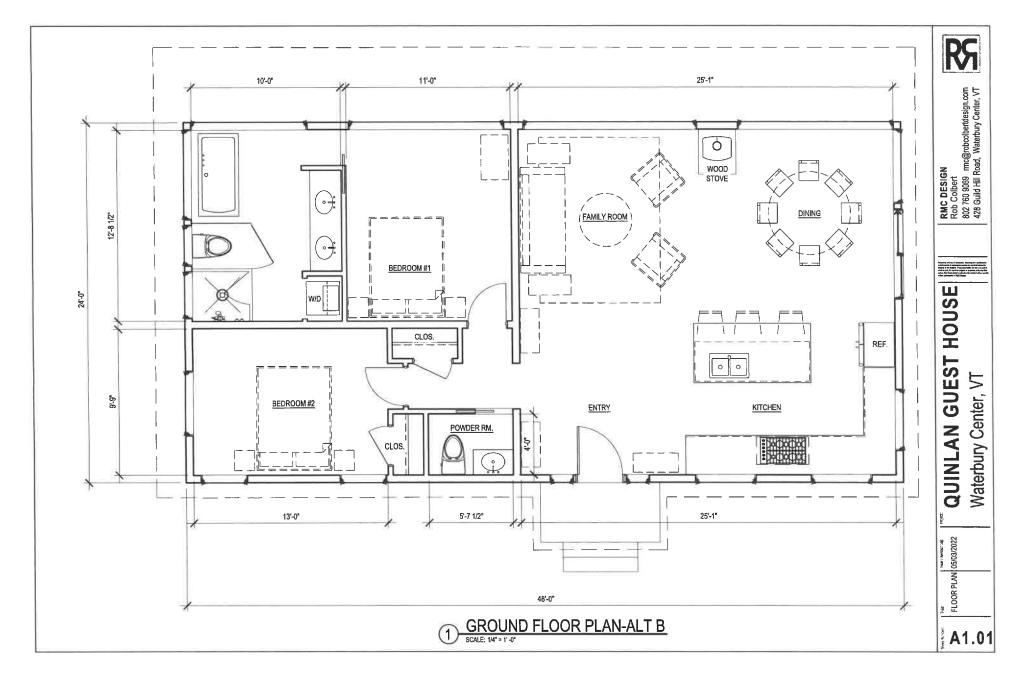
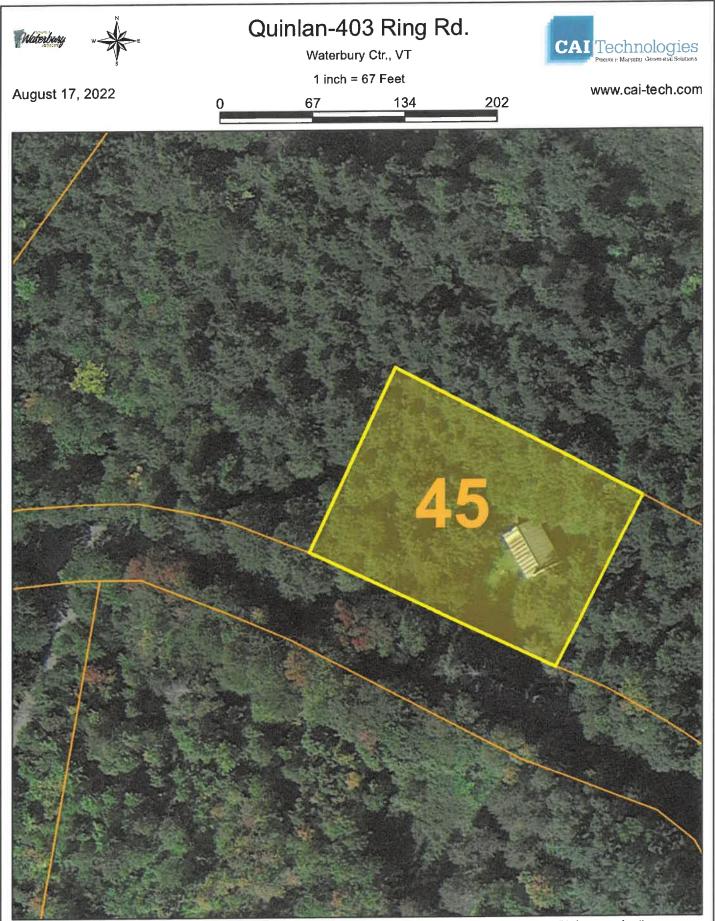
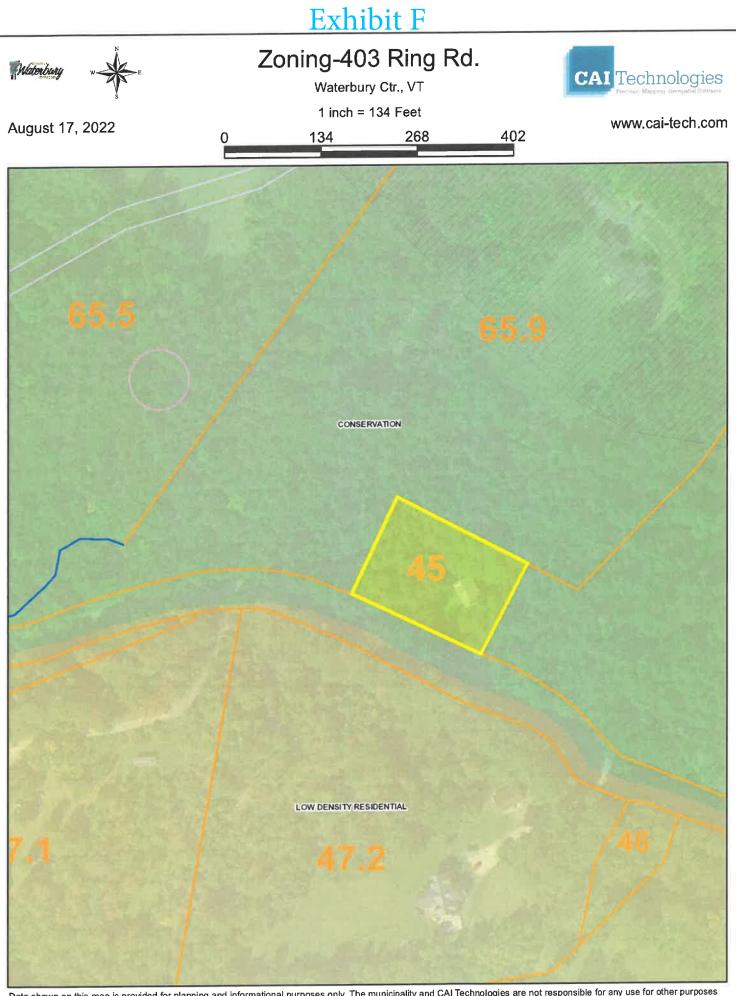


Exhibit E



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 or misuse or misrepresentation of this map.



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Exhibit G1

VERMONT DEPARTMENT OF ENVIRONMENIAL CONSERVATION WATERSHED MANAGEMENT DIVISION RIVERS PROGRAM	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.							
	Registrations are for low-risk activities, (bridge repairs, structure replacement)						
U	Applications are required for moderate and high-risk activities)						
	work repairs damage from a flood event that occurred within the past 2 years)						
A. Applicant Contact Information (All informa	tion in this section is required):						
1. Name: Michaela Quinlan							
2a. Mailing Address: 460 Ring Road, Wate							
2b. Town: Waterbury CTR	2c. State: VT 2d. Zip: 05677						
3. Phone: 8028811170	4. Email: frombtv@gmail.com						
B. Landowner (If different than applicant):							
1. Name: Same							
2a. Mailing Address:							
2b. Town:	2c. State: 2d. Zip:						
3. Phone:	4. Email:						
C. Project Location (Either address or Latitud	and Longitude coordinates arerequired):						
1. Address: 403 Ring Road	2. Town: Waterbury Center						
3. River: Ring Road Run off	Please follow this link to the <u>ANR Atlas Map</u>						
4a. Latitude:	4b. Longitude:						
D. Contractor/Consultant (If applicable):							
1. Name: Mike Stromme							
2a. Mailing Address: 1010 West Main Stre	et						
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 require Upgrading, building new bridge, improving blocks as footings, 6, 2x2x6 blocks on eac	d): (i.e. Materials used, project area, and proposed outcome) condition, current one is decaying; Materials; Concrete waste h side; 3 steel beams; Pressure treated decking; Wire/ wood oposed Outcome: to once again provide additional parking and						

Exhibit G2

F. Please check the boxes for required attachments below. A attachments will not be forwarded for technical review. (Addi	Applications submitted without the required tional information may be required after initial application review)
Location Map	
Project design drawings including: plan view, cross sect width and applicable engineering reports	tions, existing & proposed conditions, bankfull
G. Application Certification:	
I hereby certify that the information on this application is, to recognize that by signing this application I am giving consent for the purpose of processing this application and for ensurin to the project.	to employees of the State to enter the subject property g compliance with subsequent agency decisions relating
Applicant Signature: Michaela Quinlan QCYM-ENYQ-FZT5-2	الأمريكي (Alpha Carles and Carle
Print Full Name:	
If the project is occurring on property other than your own, please Landowner(s) Signature: Print Full Name:	Date:
Landowner(s) Signature:	Date:
Print Full Name:	
A PERMIT MAY BE REQUIRED FROM THE For information contact: US Army Corps of Engineers, VT Project Office, 8	US ARMY CORPS OF ENGINEERS
The application fee for this permit is \$200.00	Refund Policy:
Please submit form, required attachments, and payment using ANROnline at https://anronline.vermont.gov/?formtag=WSMD_Intake	Permit Review Fees are non-refundable unless an application is withdrawn prior to administrative review
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	

Exhibit H

