## TOWN OF WATERBURY <br> ZONING PERMIT APPLICATION

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 802-244-1012.

## CONTACT INFORMATION

APPLICANT
Name: Molly and Shannon Mitchell
Mailing Address: PO Box 314
Waterbury, VT 05676
Home Phone : $\qquad$
Work/Cell Phone: (802) 730-4157
Email:cppinvestmentsllc@gmail.com

## PROJECT DESCRIPTION

Physical location of project (E911 address): $\frac{55 \text { South Main Street }}{\text { Waterbury, VT } 05676}$

Lot size: 0.53 acres Zoning District:

> Downtown Village

Existing Use: Mixed Use $\qquad$ Proposed Use: Mixed Use
Brief description of project: Expansion of existing mixed use building. Addition added on Southeast side. Full 2nd story added above
existing partial 2nd story. Renovation of existing 1 st floor for an optometry clinic; 2nd floor for 5 apartments.

| of project: \$ \$500,000 | Estimated start date: $10 / 01 / 24$ |
| :---: | :---: |
| Water system: Municipal | Waste water system: Municipal |
| EXISITING <br> Square footage: $\qquad$ 6000 Height: $27^{\prime}$ | PROPOSED <br> Square footage: $\qquad$ 7150 Height: 29' |
| Number of bedrooms/baths: 3/6 <br> of parking spaces: 10 | Number of bedrooms/bath: 717 <br> \# of parking spaces: 10 |
| Setbacks: front: 0 | backs: front. |
| sides: $0 / 0$ rear: 0 | sides: 0, 0 rear: |

## ADDITIONAL MUNICIPAL PERMITS REQUIRED:

a Curb Cut / Access permit

- Eg11 Address Request
K Water \& Sewer Allocation
a none of the above
[Additional State Permits may also be required]
CHECK ALL THAT APPLY:

NEW CONSTRUCTION

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

USE

- Establish new use
$\square$ Change existing use
XExpand existing use
- Establish home occupation OTHER
- Subdivision (\# of Lots:__)
$\square$ Boundary Line Adjustment (BLA)
- Planned Unit Development (PUD)
$\square$ Parking Lot
o Soil/sand/gravel/mineral extraction - Other $\qquad$


## Exhibit B

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 $11^{"} \times 17^{n}$ please provide a digital copy (pdf. file format) in addition to a paper copy.


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.


## OFFICE USE ONLY

| Zoning District/Overlay: |  |
| :---: | :---: |
| Review type: $\square$ Administrative $\square$ DRB Public Waming Required. $\square$ Yes $\square$ No | $\square$ Conditional Use oWaiver <br> $\square$ Site Plan |
| DRB Referral Issued (effective 15-days later): | $\square$ Variance |
| DRB Mlg Date: __ Decision Date: | Subdivision: |
| Date Permit issued (effective 16-days later): | $\square$ Subdv. -BLA $\square$ PUD |
| Final Plat due (for Subdivision only): | $\square$ DDR $\square S F H A \square R H S \square C M P$ |
| Remarks \& Conditions: | $\square$ Sign口 Other |
| Authorized signature: Date. |  |



## Exhibit D





Mitchell-Rev-053024-1117
kimbrown@woodsskier.com



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kimbrown@woodsskier.com

|  |  |  | ORAwings provioed by: | PROJECC DESCRIPTION: |  |  |  | DESCR3ption | r |  |  | A-204 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | SCALE: | DATE: | Kim Brown Projects | MAD RIVER EYECARE |  |  |  |  |  |  |  |  |
| $A-13$ | $1 / 8^{\prime \prime}=1^{\prime \prime}-0^{\prime \prime}$ | 5/31/2024 | Box 92 <br> Waterbury Cenker, Vermont 05677 | 55 SOUTH MAIN STREET WATERBURY, VERMONT |  | REAR ELEVATION |  |  |  |  |  |  |

## Exhibit H



## Exhibit I



BASEMENT PLAN
SCALE - 1/8" = 1'-0"

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Exhibit L


## Exhibit M





