

# TOWN OF PEACHAM

FOR ADMINISTRATIVE USE ONLY

Application No. <u>3-11</u>	
Date received by Administrative Officer <u>3-21-11</u>	Date posted _____
Zoning District <u>V-1</u>	Soil survey type _____
Approved _____ Denied _____	Required review by Zoning Board of Adjustment <u>YPS</u>
Reasons for Decision <u>change of use requires conditional use review by ZBA</u>	
Date of Inspection <u>3-26-11</u>	Date <u>3-26-11</u>
Signed <u>[Signature]</u>	
AN INTERESTED PERSON MAY APPEAL ANY DECISION OF THE ADMINISTRATIVE OFFICER TO THE ZONING BOARD OF ADJUSTMENT WITHIN 15 DAYS OF SUCH DECISION. AFTER 15 DAYS OF DATE OF POSTING, THIS APPLICATION, IF APPROVED, WILL SERVE AS THE ZONING PERMIT.	
This copy to: Applicant _____ Town Listers _____ Town Clerk _____ Administrator <input checked="" type="checkbox"/>	
Planning Commission: Recommended _____ Rec. with Conditions _____ Not Recommended _____	
Date _____	Signature _____ Chairman, P.C.
Zoning Board of Adjustment: Approved _____ Approved with Conditions _____ Not Approved _____	
Date _____	Signature _____ Chairman, ZBA

TOWN OF PEACHAM

PAID

MAR 18 2010

(55)

## APPLICATION FOR ZONING PERMIT

Please print or type clearly. Answer every question; use NA where not applicable. An incomplete application may have to be returned to you. Submit four copies with \$30 application fee and \$10 recording fee payable to the Town of Peacham.

I am applying for: Building Permit \_\_\_\_\_ Subdivision Permit \_\_\_\_\_ Other (Please be specific.)  CONDITIONAL USE

### I. THE APPLICANT AND LANDOWNER

Landowner: <u>M. Matz</u>	Applicant (owner, lessee or agent): <u>Karen E. Fitzhugh</u>
Address: <u>P.O. Box 95, Peacham</u>	Address: <u>P.O. Box 2 Peacham</u>
Phone:	Phone: <u>592-3047</u>

### II. THE LAND

1. 911 Address 555 BAYLEY-HAZEN RD

Parcel ID number 145.002 (From tax bill, or available in the Town Clerk's Office.)

2. Zoning district or districts in which the land is located. V-1  RR1 \_\_\_ RR2 \_\_\_  
 SL1 \_\_\_ SL2 \_\_\_ \* AO \_\_\_ WH \_\_\_ \*See insert regarding criteria.

3. Lot Size (square feet or acres) \_\_\_\_\_ sq. ft. .75 acres

4. Frontage on public road, lake, or width of right-of-way: \_\_\_\_\_ ft.

**III. THE WORK YOU WISH TO DO** (If space provided is insufficient, attach additional sheets.)

1. What is the type of work you wish to do?

a. New construction (Describe what you are building—new house, garage, etc.)

\_\_\_\_\_ Building length \_\_\_\_\_ width \_\_\_\_\_ height \_\_\_\_\_

b. Addition (Please give description.) \_\_\_\_\_

\_\_\_\_\_ Building length \_\_\_\_\_ width \_\_\_\_\_ height \_\_\_\_\_

c. Structural alteration (Extension of a room, etc.) \_\_\_\_\_

\_\_\_\_\_ Building length \_\_\_\_\_ width \_\_\_\_\_ height \_\_\_\_\_

d. \*Subdivision of land (Give details—including size of each parcel created and remaining parcel.) \_\_\_\_\_

\_\_\_\_\_ \*See insert regarding criteria.

e. Other (Please be specific.) \_\_\_\_\_

2. Existing use and occupancy. (If there are no buildings currently on the property, please say "bare land.") RESIDENTIAL BOARDING

3. Proposed use and occupancy. Therapeutic gap year transitional program for young women occupancy 12 HOUSE

4. Setbacks. Please give the number of feet that your proposed building or project will be from the following: Center of road right-of-way \_\_\_\_\_ Shoreline \_\_\_\_\_  
 Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

5. Type of water system. Village  Spring \_\_\_ Drilled well \_\_\_ Other \_\_\_

6. Type of sewer system. (Septic, dry well, holding tank, etc.) 4 PARTY VILLAGE SEPTIC

7. Curb cuts. Do you intend to make a curb cut? NO

**IV. ADJOINING LANDOWNERS** (Required for a Conditional Use Permit.)

Name	Mailing Address
MARY ELIZABETH BROWN	PO BOX 25 PEACHAM VT 05862
PEACHAM HOUSING AUTHORITY	c/o JEAN DEDHAM PO BOX 12 PEACHAM VT 05862

## V. PLANS

1. Draw here or attach a general plot plan showing the following:
  - a. Location of buildings on property. (Give distances to side lines, road center lines, etc.)
  - b. Location of adjoining landowners.
  - c. Location of driveway.
  - d. Location of water source and sewage system.
  - e. Distance of any surface water or wetland from the proposed project.

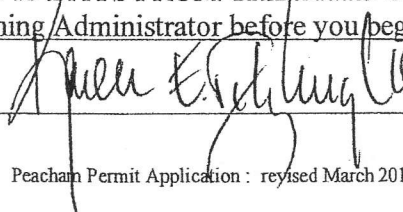
2. Draw here or attach a floor plan or diagram showing the dimensions of the proposed building, addition, or alteration.

None

**VI. SIGNATURE**

This permit is void in the event of misrepresentation or failure to undertake construction within one year of the date of approval. CONSTRUCTION MAY NOT BE STARTED UNTIL 15 DAYS FROM THE DATE OF APPROVAL OF THIS PERMIT. Call the Zoning Administrator before you begin to build.

Signature of Applicant:

 Date 3-17-11

PAID  
MAR 30 2010  
TOWN OF PEACHAM

TOWN of PEACHAM

APPLICATION TO BOARD OF ADJUSTMENT

SUBMIT THREE COPIES

Payment made  
to Town Clerk  
3/22/11

Application No.: 3-11 Date: 3-29-11

Landowner: M. MATZ Address: PO Box 95

Phone: 592-3383

Applicant: KAREN FITZHUCH Address: PO Box 2, PEACHAM, UT 05862  
IF OTHER THAN OWNER

Phone: 502-592-3047

\$25.00 application fee is required, payable to the Town of Peacham.

LOCATION OF PROPERTY: Town Road No. \_\_\_\_\_; Other reference: \_\_\_\_\_

TYPE OF APPLICATION:  For a conditional use permit.

CHECK ONE

For a variance — Must meet conditions of Section 807.03 of Peacham Zoning Ordinance.

An appeal from decision of Administrative Officer.

PROVISION OF ZONING ORDINANCE IN QUESTION: \_\_\_\_\_

REASON FOR APPEAL: \_\_\_\_\_

DESCRIPTION OF PROPOSED DEVELOPMENT: Applicant must submit with this application engineering drawings or sketch plans (on paper no smaller than 8 1/2" x 11") showing lot layout, location of all existing and proposed structures, traffic patterns, sewerage systems, and any additional information to give a full understanding of the project.

Signature of Applicant: Karen Fitzhugh

ACTION BY BOARD OF ADJUSTMENT

Zoning Permit No.: \_\_\_\_\_ Fee paid: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Notice of Hearing: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_

Notices sent to: \_\_\_\_\_

Approved  Denied based on the following determinations or conditions (add continuation sheets as required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of decision: \_\_\_\_\_ Signed: \_\_\_\_\_  
Chairman, Board of Adjustment