

DATE SUBMITTED <u>4/30/90</u>	FEE PAID <u>\$150.00</u>	TOWN OF STOWE, VERMONT APPLICATION FOR ZONING PERMIT	PERMIT NUMBER <u>Z-90-37</u>
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The undersigned hereby requests a zoning permit for the use or improvements described below, to be issued on the basis of the representations contained herein, and to be completed in accordance with Zoning Regulations of the Town of Stowe. Permit voided in the event of misrepresentation or failure to undertake construction within one year of the date of approval.

A PROPERTY ADDRESS <u>Sugar House Hill off Hoosier Farm Rd</u> (STREET, SUBDIVISION AND LOT NUMBER) TAX MAP NUMBER <u>11-176</u> ZONING DISTRICT <u>R2-2</u> PROPERTY OWNER NAME & ADDRESS <u>Ronald & Susan Schervella</u> <u>Rt #1 Box 1230</u> <u>Stowe, VT 05672</u> PHONE NUMBER WORK <u>800-837-0372</u> HOME <u>253-4348</u> APPLICANT NAME & ADDRESS <u>Same</u> PHONE NUMBER WORK _____ HOME _____ BUILDER, NAME & PHONE NUMBER <u>?</u> EST. START OF CONSTRUCTION <u>5/15/90</u> COST OF CONSTRUCTION <u>140,000</u>		F NATURE OF PROJECT Check box(es) best describing the proposed use or construction Total New Construction Addition to Existing Structure Alteration ONE-FAMILY DWELLING <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TWO-FAMILY DWELLING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NUMBER BEDROOMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>3</u> NUMBER BATHROOMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>2</u> NUMBER KITCHENS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>1</u> GARAGE (ATTACHED) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (DETACHED) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PORCH (OPEN) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SCREENED) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (ENCLOSED) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DECK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POOL (IN GROUND) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (ABOVE GROUND) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SHED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BARN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HOME OCCUPATION (describe) _____ MOBILE HOME <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MISCELLANEOUS (describe below) _____ RENEWAL OF PERMIT NUMBER _____	
B SEWAGE DISPOSAL PUBLIC <input type="checkbox"/> SEWER PERMIT NUMBER _____ DATE _____ OR PRIVATE <input checked="" type="checkbox"/> HEALTH PERMIT NUMBER <u>Existing</u> DATE _____			
C CURB CUT APPROVED BY SELECTMEN <u>Donna H. Reed</u> DATE _____			
D LOT AREA <u>1.2</u> ACRES BUILDING HEIGHT <u>24'</u> (See Definition #8 of Zoning Regulations) FRONT YARD SETBACK <u>No change</u> MEASUREMENT IN FEET FROM STREET LINE TO CLOSEST PORTION OF STRUCTURE — THIS INCLUDES PORCHES, DECKS, OVERHANGS, ETC. EXCEPT STEPS. SHORTEST SIDE YARD SETBACK <u>30' min. 12'</u> REAR YARD SETBACK <u>40' min. 12'</u>			
E PLOT PLAN Please attach two copies of a plot plan in an appropriate scale (1"=50', recommended) showing the dimensions of the lot to be built on, location and plan outline (top view dimensions) of all existing buildings as well as the building(s) to be erected, altered, extended or moved. The existing or intended use of all buildings on the lot shall also be indicated on the plot plan.			
G SIGNATURE OF APPLICANT <u>Ronald Schervella</u> DATE <u>4/18/90</u>			
H FOR USE BY ADMINISTRATIVE OFFICER Upon the representations contained herein, this application is hereby APPROVED <u>✓</u> DENIED _____ A decision of the Administrative Officer may be appealed within 15 days of the date of decision. This permit does not take effect until the time for appeal has passed. DATE OF DECISION <u>4/30/90</u> EFFECTIVE DATE <u>5/15/90</u> REMARKS/ REASON <u>This permit is authorized for construction of a home which replaces an existing fire-damaged existing cabin structure.</u> SIGNED <u>Ronald Schervella</u> ADMINISTRATIVE OFFICER			

YOU ARE REQUIRED TO POST YOUR WHITE PERMIT CARD IN A CONSPICUOUS PLACE ON THE CONSTRUCTION SITE.

1. PROPERTY LOCATION
83 Sullivan Lane - Lot 44 Sugar Hill

2. PARCEL NUMBER
11-176.000

FILE
29-045.000

STREET, SUBDIVISION AND LOT NUMBER

ZONING DISTRICT
R2-2

CODE

3. PROPERTY OWNER NAME
Arnold & Susan Schiavella

APPLICANT NAME
Arnold Schiavella

ADDRESS
83 Sullivan Lane
Stowe, VT 05672

PHONE
802-253-5618

4. BUILDER - NAME AND PHONE NO.
JAY Dolan

PHONE
888-8188?

5. OTHER PERMITS REQUIRED - (2A X IF REQUIRED/FILL IN PERMIT NO. & DATE)

SEWAGE DISPOSAL - Required for new construction, bedroom additions, pools and hot tubs

- HEALTH/USER
N/A

- VT. AGENCY OF NATURAL RESOURCES
N/A

6. DRIVEWAY ENTRANCE PERMIT NO. (Required for any new entrance onto a public road)

7. NATURE OF PROJECT - CHECK APPROPRIATE BOX AND DESCRIBE IN DETAIL (Attach statement if more space is needed.)

A. PRESENT USE OF PROPERTY/STRUCTURE

B. [X] NEW CONSTRUCTION OF
Downstairs Space / Deck / Garage (owner's property space)

C. [] ADDITION/ALTERATION OF

D. [] OTHER

10'x40'

E. ROOM COUNT -	PRESENT	PROPOSED	TOTAL	F. BUILDING HEIGHT	(25' maximum)
BEDROOMS				(See definition #8 of Zoning Regulations)	
BATHS				G. EST. COST OF CONSTRUCTION	\$14,000
KITCHENS				H. FLOOR SPACE (sq. ft.)	
				I. COST PER SQ. FT.	

8. SETBACKS - Measurement in feet from the property line to the closest portion of the new construction.

FRONT (STREET OR R.O.W.)
SAME AS BEFORE - No Change REAR

9. PLOT PLAN - ATTACH TWO COPIES OF A PLOT PLAN OF THE LOT TO BE BUILT UPON IN AN APPROPRIATE SCALE SHOWING ALL OF THE FOLLOWING:

A. Dimensions of the existing building(s), and building(s) to be erected, altered, extended or moved.

B. The existing or intended use of all buildings on the lot.

C. Property lines and Building Setbacks - Measurements in feet from the front, sides and rear property lines to the closest point of a proposed building, addition or alteration, including decks, porches, overhangs, etc. Front setback is measured from edge of Right of Way.

D. Any adjacent roads and waterways.

E. Title Block including property owner's name, date, scale and preparer's name.

* ATTENTION: AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED *

10. SIGNATURES - The undersigned hereby requests a zoning permit for the use or improvements described above, to be issued on the basis of the representations contained herein, and to be completed in accordance with the Zoning Regulations of the Town of Stowe. Permit voided in the event of misrepresentation or failure to complete construction or begin approved use within one year of the date of approval of this permit.

I UNDERSTAND THAT NO WORK CAN BEGIN PRIOR TO THE EXPIRATION OF THE MANDATORY 15 DAY APPEAL PERIOD.

APPLICANT
Arnold J. Schiavella

LANDOWNER
Arnold J. Schiavella

11. Upon the representation contained herein, this application is hereby,

APPROVED

DATE OF DECISION
8/26/14

EFFECTIVE DATE OF PERMIT
8/27/14

EXPIRATION DATE
9/8/15

REMARKS/REASON FOR DENIAL

SIGNATURE OF ADMINISTRATIVE OFFICER
Deed Heston

Applicant is required to post white permit card in a conspicuous location on the construction site. CONTRACTOR SIGNS ARE PROHIBITED. Any decision of the Administrative Officer may be appealed to the Zoning Board of Adjustment by filing a written notice of appeal with the clerk of the Zoning Board within 15 days of the date of the Administrative Officer's decision.

CONSTRUCTION PERMIT

APPLICATION NUMBER H-04-41

Property Address (E911) <u>Lot C4, Sugarhouse Hill, Stowe</u>	Parcel Size: <u>1.2</u> Acres	Tax Map # <u>11-176.00</u>	Fee: \$ <u>57.00</u>
APPLICATION FOR SEWAGE PERMIT			
SUBSURFACE SEWAGE DISPOSAL SYSTEM			
TOWN OF STOWE			

Section 1 - Property Information

Name: <u>Randy and Susan Schievella</u>	Applicant: (if different from owner)
Address: <u>83 Sulham Lane</u>	Name: <u>Same</u>
Town/State/Zip: <u>Stowe, VT 05672</u>	Address: _____
Phone # <u>(802) 253-5018</u>	Town/State/Zip: _____
Property Address: <u>Lot C4, Sugarhouse Hill, Stowe</u>	Phone # _____
Deed Reference: Book <u>159</u> Page <u>67</u>	Parcel size: _____
Date _____	

Section 2 - Professional Information (All plans must be prepared by a licensed Professional Engineer or Site Technician)
Proposed System

Design by: <u>Charles J. Grenier, Consulting Engineer, PE</u>	License Type & # <u>PE # 3242</u>
Company: <u>Consulting Engineer</u>	Address: _____
Town/State/Zip: <u>PO Box 445, Waterbury, VT 05676</u>	Phone # <u>(802) 244-6413</u>

Section 3 - System Design Information: (To be completed by firm/individual listed under Section 2)

- a. Renewal of Prior Town of Stowe Health Permit? Yes ☐ Or No ☒ Has prior permit expired? Yes ☐ or No ☒
- b. Are there existing or proposed Act 250, State Subdivisions, or other State Permits? Yes ☐ Or No ☐ If yes attach copies
- c. Proposed use of this system: Residential ☒ Commercial ☐ Industrial ☐ Other (specify) _____
System Design Flow: 490 GPD Residential: # bedrooms: 4 # of kitchens 1 Max Occupancy: _____
Commercial/Industrial: Max # of Employees _____ Other Flows _____
Restaurant Seating: Max # of Seats _____ Number of Meals _____ Other Flows _____
- d. Wastewater System Type Proposed (Describe): MOUND
Is the system on the subject property? Yes ☒ or No ☐ If no provide copies of easement deeds.
- E. Are there any existing septic tanks, dry wells, cesspools or disposal fields on this property? Yes ☐ or No ☐
If yes describe: _____
- f. Water Supply Type: SHARED DRILLED WELL On-site? Yes ☐ or No ☒

Section 4 - Design Certificate: I, Charles J. Grenier, PE (*Print name*) Hereby certify that I am licensed by the State of Vermont to design the wastewater treatment system(s) to be authorized by this application. In addition, I certify that the information contained in this application and the attached plans is in conformance with all state and local statutes and/or regulations, and is based upon accepted engineering principles. I understand that the Town of Stowe shall use this statement as one of the primary factors in granting a sewage disposal construction permit.

Signature of Licensed Professional Engineer or Site Technician

License Type & #

Date

Section 5 - Applicants Certifications: I, Randy Schievella (*Print name*) understand that the Town of Stowe does not undertake responsibility for the effectiveness of any design it may approve for me as the Applicant. All designs approved by the Town of Stowe are based upon the design engineer's certification and are without warranties of any nature whatsoever and no action shall lie against the Town of Stowe whether arising out of the theory of contract or theory of tort.

Important Note: This is a construction permit and does not authorize the use of the system approved herein. A Certificate of Compliance is required prior to the use of this system.

Signature of Applicant

6/2/04
Date

To be completed by Sanitation Officer - do not write below this line

Date Construction Application Received: 6/17/04 Required Fee \$ 57.00 Paid: ☒

Application # H - 04-41 Was reviewed by the Sanitation Officer on _____ Construction is hereby ☒ Approved or ☐ Denied

Comments or Reason for Denial: _____

Signature of Health Officer _____ Town of Stowe Sanitation Officer 6-10-04 _____ Date

(Important Note: This is NOT a Use Permit! No system approved herein until an application for use has been submitted and approved)