

are as as to the contract of

Development Application
Town of Stowe Zoning Department
PO Box 216

**Stowe VT 05672** 

Project #	
(To be assigne	d)

Stowe	Voice (802) 25.	3-6141	Date Received: /0/30///	
V	This form serv	es as an applica	tion for all requested zoning and subdivision	
	reviews.			
Property Owner	Т	Owner Inform		
	EARLE	F. Wil	Ligans	
Mailing Street Address City, State and Zip	3376	F. Will Moontain	v Romo	
Phone Number	Day: 862 263	3~ 4339 Othe	er: 80- 102-2744	
	Applicant/Conta	CT Intormation (	Polationship to O	
Own	er (If so, skip to sit	te information)	□ Lessee □ Contractor	
□ Arc	nitect/Designer	Agent for Owne	□ Lessee □ Contractor  □ Under purchase contract	
Contact Name	nformation and c	orrespondence i	s sent to applicant/contact.	
Contact Ivame	Earlie U			
Company (if any)	CANU	Mountage  Mountage  We Vt  39 Other:		
Mailing Street Address	22-1	14	0	
City, State and Zip	3374	Mountain	Ro.	
	570	we Vt	05672	
Phone Number	802-253-43	34 Other:		
Di i i i i		Site Information	on	
Physical Address	227/	Mountain	02	
Business (if any)		Mounta		
Parcel Identification	11-150			
Overlay Districts		0 □ 100 Vr Floor	dplain □ Meadow Overlay □ FEH □	
	(Check if any por	tion of parcel is i	n district)	
	Please briefly des	scribe the projec	et or request below:	
CH MUG SI	e of us,	E from l	Detail / Two family to	
For All Approvals:				
The below signed hereby agrees that the proposed work shall be done in accordance with the application, plan, specifications, and other associated documentation and that the work shall conform to all applicable town ordinances and regulations. Signing as an "A cont for Owner," it is a shall conform to all applicable				
1	or to act on the nw	Her Chengir Add	litional permits may be needed from the State	
	vn of Stowe for de	velopment.	permits may be needed from the State	
Indicate if:		Signature:	10 60	
■ Agent for Owner UR		_ Certe b	Willens	
- 1150Ht 101 OWIJEF		Date: Od	lober 30, 2014	
Signature:  Agent for Owner  Date:  Credit card Refer to fee schedule on reverse side.				
Additional application information is required on reverse side for all construction projects:				

## TOWN OF STOWE

## APPLICATION TO BOARD OF ADJUSTMENT (Submit in quadruplicate)

Date	12	-16	-82

Appeal No. BA 2-83	. Ro	x 958	Date 12 782			
Landowner DAUD E, PUTNAM			Phone 753~8052			
Appellant Owner, Lessee or Agent	Address		Phone			
Location of Property DT 108 - Mc	Manis H	OUSE				
( ) Appeal from decision of Zoning Adm	ministrator	. (File cop	by with Zoning Administrator).			
(X) Application for a conditional use	permit.					
( ) Application for a variance. (Must meet the conditions 24 V.S.A., Sec.4468 before approval may be granted).						
Description of property (submit site pla	an):					
Lot Dimensions: 1,42 = /acre	es Area:	61,855	sq.ft.			
Frontage on Street 350± ft. Building Dimensions (present 4.20.1)-89 ×63						
Areasq. ft. Setback from	n Street lanc	5	<u>ft.</u>			
Setback from Nearest Property Line 38 ft. Zoning Area HT (eg. RR#2)						
Building Use (present/proposed)		<del> </del>				
Remarks: To CONVERT 36 BED SRI	LODGE IN	TO OFFIC	SE SPACE, SMALL RETAIL			
SPACE & STORGE SPACE FOR	WOOL F	PRODUCTS,	(IN ADDITION TO			
PERMITTED TWO FAMILY USE	HO EXT	ERIOR C	HANGES			
Signature of Appellant Signature of Owner						
			Date January 21, 1983			
Notice of Hearing DECEMBER 30, 1982	Date	of Hearing	January 18, 1983			
Approved XXXXX Denied On t	the Basis of	the follow	ing conditions:			
Section 7.2 Conditional Uses permitted neighborhood stores.	in HT being	(1) Busine	ss offices, (9)			
Date of Decision 1-18-83	Clerk, Board	of Adjustm	en Alb Cless			