

\$40⁰⁰

BUILDING PERMIT

TOWN OF GREENSBORO
PO Box 119, Greensboro, VT 05841
(802) 533-2640 Fax (802) 533-2191
zoning@greensborovt.gov

FOR ADMINISTRATIVE USE ONLY

Application Number: 2025-024 Tax Map Number 21-00-45
Zoning District SPD
Date Application Received 9 / 8 / 2025 Fee Paid \$ 40 ch# 1461 9.8.2025

Please provide all of the information requested in this application. Failure to provide all required information will delay the processing of this application. Submit the completed application and a check payable to the Town of Greensboro.

Applicant(s):

Name(s): Christanne King
Mailing Address: 165 Black Pt Greensboro
Telephone(s) Home: _____ Work: _____ Cell: 301 801 6003
E-Mail: ckingscraig@gmail.com

Landowner(s) (if different from applicant(s)):

Name(s): Jerome + Marcell King Trust
Mailing Address: 165 Black Pt G'boro
Telephone(s) Home: _____ Work: _____ Cell: _____
E-Mail: _____

Physical Location of Property (911 address):

Necessary Permits:

State Septic Permits - required prior to approval _____

State Potable Water Supply Permits - required prior to approval _____

All utilities and DigSafe approval - required prior to approval _____

Site visit approval **Application cannot be approved until after site visit by the zoning administrator.**

Schedule site visit when completed application is submitted. Visit Waived

Curb Cut - requires a separate application - necessary if a new driveway must be installed.

[] Applied (date) _____ [] Not required

Property Description:

Acreage in lot _____

(Please Note: If your property is enrolled in the Current Use Program, your building application may impact your Current Use status. Please verify your status with Vermont Property Valuation and Review, Current Use Program at 802-828-6633).

Feet of Road Frontage 350

Setbacks of proposed structure: Front 400 + (to center of road) Rear 400 +

Right side 400 +

Left side 400 +

Lakeshore 150

Other _____

Dimensions of Proposed and Existing Buildings:

Proposed:

Length 9' No. of Stories 1Width 6'Height 10' (?)

Existing:

Length _____ No. of Stories _____

Width _____

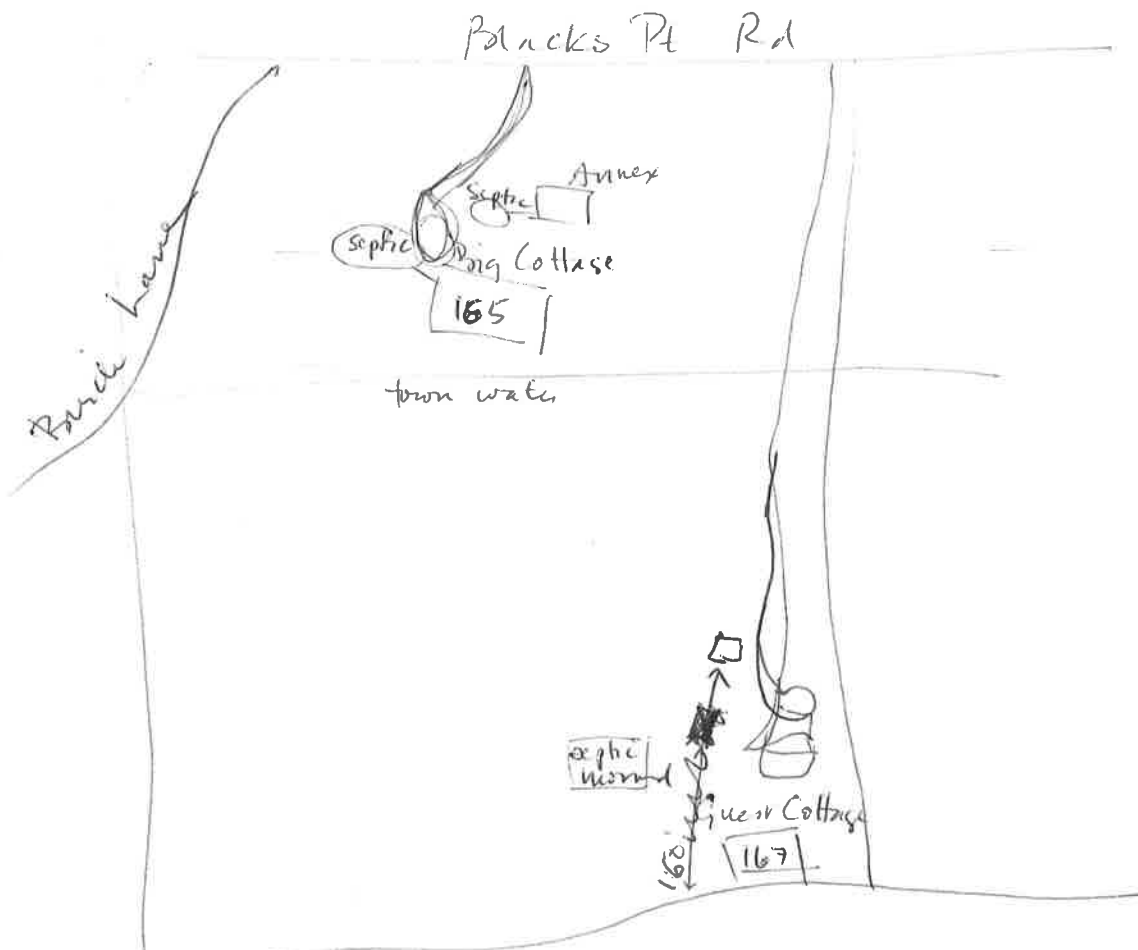
Height _____

Existing use and occupancy. (If there are no buildings currently on the property, please write "bare land.") _____

Proposed use and occupancy. (Write whether it will be seasonal or full year. If you decide to change the use of your property later you may need another permit.) Garden shed for King Guest House.

167 Blacks Pt**Sketch or attach a general plot plan showing the following:**

1. Location of property.
2. Location of buildings on property.
3. Location of driveway.
4. Location of well and septic system.



Permission to Enter Property & Applicant Certification Signatures

Signing of this application authorizes the Zoning Administrator to enter onto the premises for the purpose of verifying information presented.

The undersigned hereby certifies that the information submitted in this application regarding the above property is true, accurate and complete and that I (we) have full authority to request approval for the proposed use of the property and any proposed structures. I (we) understand that any permit will be issued in reliance of the above representations and will be automatically void if any are untrue or incorrect.

This permit is void if the development under this permit is not begun within one year of the date of approval or if construction is not completed within two years.

Construction may not be started until 15 days from the date of approval on this permit.

Signature of Applicant(s) Christianne C. King Date Aug 29 2023

Signature of Landowner(s) Christianne C. King, trustee Date Aug 29 2023

Note: Failure to develop your property in accordance with your application and any conditions of this permit may result in an enforcement action and may affect your ability to sell or transfer clear title to your property.

Appeal from a decision or act of the Zoning Administrator must be made in writing to the Development Review Board, c/o the Town Clerk's Office at the address shown above, with the appropriate fee, within 15 days of the decision or act. Failure to appeal this decision will mean that all interested persons are bound by this decision and will foreclose these persons from contesting this decision either directly or indirectly in the future. **This permit shall not take effect until the time for such appeal has passed.**

Please note that this is only a local permit and state permits may be needed for your project. Please contact the Permit Specialist at the VT Agency of Natural Resources at (802)751-0130.

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{ ☒ } Approved { } Denied { } Referred to the Development Review Board

Date: 9.8.2025

Signature: [Signature]

Remarks and/or Conditions: _____

Date of Approval or Denial by Development Review Board: _____

Applicant/Landowner Received a Copy of the Applicable Building Energy Standards: _____

(Date) _____

Applicant/Landowner Did NOT Need to Receive a Copy of the Applicable Building Energy Standards
(Due to the fact that the structure will not be heated or cooled): _____

(Date) _____