

APPLICATION FOR CONDITIONAL USE PERMIT/VARIANCE
TOWN OF GREENSBORO
PO Box 119, Greensboro, VT 05841
(802) 533-2640 Fax (802) 533-2191
zoning@greenborovt.gov

FOR ADMINISTRATIVE USE ONLY

Application Number: _____ Tax Map Number _____
Zoning District _____
Date Application Received ___/___/___ Fee Paid \$ _____
Reason for Seeking Conditional Use Permit or Variance: _____

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* according to the attached fee schedule.

Applicant(s):

Name(s): Cindy Rose
Mailing Address: 807 DALE DRIVE SILVER SPRINGS, MD, 20910
Telephone(s) Home: _____ Work: _____ Cell: 3013463725
E-Mail: rosestoner@comcast.net

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

Name(s): _____
Mailing Address: _____
Telephone(s) Home: _____ Work: _____ Cell: _____
E-Mail: _____

Physical Location of Property (911 address):

719 Craftsbury Road Greensboro, VT 05841

Type of Permit:

Conditional Use Variance

Other Permits Which May Be Necessary:

State Septic Permits - required prior to approval _____
State Potable Water Supply Permits - required prior to approval _____
All utilities and DigSafe approval _____
Curb Cut - requires a separate application - necessary if a new driveway must be installed.
[] Applied (date) _____ [] Not required

Property Description:

Acreage in lot 0.51

(Please Note: If your property is enrolled in the Current Use Program, your conditional use or variance 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 170 ft

Project Setbacks: Front _____ (to center of road) Left Side _____
Right side _____ Rear _____
Lakeshore 0-ft lakeshore restoration Other _____

Dimensions of Proposed and Existing Buildings:

Existing:		Proposed: N/A	
Length <u>40 ft</u>	No. of Stories <u>2</u>	Length _____	No. of Stories _____
Width <u>20 ft</u>		Width _____	
Height <u>20 ft</u>		Height _____	

Lakeshore District Properties, please indicate the total habitable floor area of the dwelling: _____
Total Habitable Floor Area is defined in the Greensboro Zoning Ordinances as "The floor area of rooms in a dwelling unit used for bedrooms, living room, dining room, kitchen, and bathroom. Excludes porches and decks."

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

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.) N/A

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 water source and septic/wastewater system.
5. Names of adjoining landowners.

See lakeshore restoration design plans.

Sketch a floor plan or diagram showing the dimensions of the proposed building, addition, or alteration. (This should show the rooms in the inside of the building, including both upstairs and downstairs if there is more than one floor.)

See lakeshore restoration design plans.

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) Andy Rose Date 5/23/25

Signature of Landowner(s) Cindy Rose Date 5/23/25

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) 751-0127.

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Referred to the Development Review Board	
Date _____	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) _____	