

Shoreland Permit Application

for a Shoreland Protection Permit under Chapter 49A of Title 10, § 1441 et seq.



For Shoreland Permitting Use Only
Application Number: 2222 - SP

	Application	annoch		
Public Notice: At the same time this application is filed with Shoreland clerk for posting in the municipality in which the project is located.	Permitting, a copy of	this application m	nust be provid	ed to the municipal
Submission of this application constitutes notice that the person in Sec	ction A intends to creat	te impervious sur	face and/or cl	eared area within the
Protected Shoreland Area, and certifies that the project will comply wi				
form must be provided, and the requisite fees (Section G) must be sub	mitted made payable t	to the State of Ve	rmont, to be	deemed complete.
Refer to The Vermont Shoreland Protection Act - A Handbook for Shore	eland Development an	d related instruct	ions for guida	nce in completing this
application.	date	MATTER		A CONTRACTOR OF THE PARTY OF TH
A. Parcel Information				
Landowner's Name: WILLIAM OWENS	ite sidelican musti I mateur santi po	na se enjegas Di dali Se diti Ne	All commissions	re Mil word Total
2a. Physical Address (911 Address): 175 WHINE I	BIRCH DR		d alemans	ac ac
2b. Town - County: TNMOVTH - Ruttan	2c. Zip: 05773			
${\bf 3.~SPAN~(The~School~Parcel~Account~Number~is~required~for~your~application~to~be~deed} from~your~property~tax~bill.~If~you~cannot~locate~your~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~property~tax~bill,~please~obtain~this~in~cannot~this~property~tax~bill,~please~obtain~this~property~tax~bill,~please~obtain~this~property~tax~bill,~please~obtain~this~property~tax~bill,~please~obtain~this~property~tax~bill,~please~obtain~this~property~tax~bill,~please~obtain~this~property~tax~bill~property~tax~bil$	formation from your Town Cl	erk)	-203 -	
4. Phone: 802/345-3163	5. Email: 300	K 22 0	VERMON	TEL. NET
6. Name of Lake/Pond: Tinmouth Pond		7. Total Shore	Frontage	(Feet)
8. Was the parcel of land created before July 1, 2014?	Yes Yes	□ No	=	8
9. Are there wetlands associated with this parcel? Contact the Wetlands Program (802) 828-1535 or http://dec.vermont.gov/water	Yes ershed/wetlands	⊠ No	to be even	
10. Have you ever applied for a permit with the Department of		ervation associ	ated with th	is parcel?
Yes	No			
11. What is the surface area of your parcel within the Prof	tected Shoreland A	rea (PSA): _\	6,750	(square feet)
See the <u>Vermont Shoreland Protection Act – A Handbook for Shoreland Develop</u>				/annuana fant)
12. What is the surface area of exisiting impervious surface See the Vermont Shoreland Protection Act – A Handbook for Shoreland Develop				(square feet)
13. What is the surface area of existing cleared are on you See the Vermont Shoreland Protection Act – A Handbook for Shoreland Develop	ur parcel within the pment, Appendix E, Calcu	PSA: Mating Percent Clear	o,875	(square feet)
B. Applicant Contact Information				
1. Name: WILLIAM OWENS				
2a. Mailing Address: 3790 6 th PL	i ighta cana	- ami ver lo	eerr welge	and Credu - 1
2b. Town: VEIZO BEACH	2c. State:	EL	2d. Zip:	32968
3. Phone: 802/345-3163	4. Email: BULK 22 @ VERMONTEL. NET			
C. Application Preparer Information (If the individual pre	paring the applicat	ion is not the	landowner.)
1. Name:	run ji ji ji sw rus s	icha da gold ura sesa	derug nga	and Michaele
2a. Mailing Address:		ا الحوا	ji k .	1116
2b. Town:	2c. State:	n. 31	2d. Zip:	
3 Phone:	4. Fmail:			

6a. What is the surface area of new clo	eared area	6b. What is the total resulting cleared area after				
associated with this project:6	_ (Square Feet)	completion of the project and prior to implementation of				
See the <u>Vermont Shoreland Protection Act – A Hand</u> <u>Development, Appendix E, Calculating Percent Clear</u>		best management practices: 16,875 (Square Feet)				
	101 D05, ddd A13 t0 D03					
If 6a is 0, check the n/a box, otherwise divide D6b by			yes, skip 6d.) No			
6d. If no above (6c), establishing vegetation a revegetation plan that will be equal to o	r greater in surface area	s the only applicable best r	nanagement practice. Please describe			
the location on the parcel where the reveg	retation will occur and h	ow far from mean water le	eared area as identified in 6a. identify			
information as needed).	,etation will occur and m	ow far from mean water le	ver it will be (attach support			
=						
E. Landowner Certification						
As APPLICANT. I hereby certify that the sta	itements presented on t	his annlication are true and	d accurate and recognize that hy			
As APPLICANT, I hereby certify that the statements presented on this application are true and accurate and recognize that by signing this application, I agree to complete all aspects of the project as authorized. I understand that failure to comply with the						
foregoing may result in violation of the Sho	oreland Protection Act, 1	LO V.S.A. Chapter 49A, and	the Vermont Agency of Natural			
Resources may bring an enforcement action	on for violations of the A	ct pursuant to 10 V.S.A. ch	apter 201.			
Applicant/Landowner Signature:	Cham & Oliver	Dat	e: 10/14/16			
F. Application Preparer Certification (if applicable)						
As APPLICATION PREPARER, I hereby certify under penalty of law that this document and all attachments were prepared under my						
direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated						
the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly						
responsible for gathering the information,	the information submitt	ed is, to the best of my kno	owledge and belief, true, accurate.			
and complete. I am aware that there are significant	gnificant penalties for su	ıbmitting false information	, including the possibility of fine and			
imprisonment for knowing violations.			The second secon			
Application Preparer Signature:		Data				
Application Freparer Signature.		Date	·			
G. Additional Required Documentation (Please check to ensure you have completed the following)						
All sections of the application are complete (or otherwise indicate "not applicable")						
Application includes site plans denoting existing and proposed cleared area and impervious surface and distances from						
mean water level						
Application description includes dimensions and surface areas of cleared areas and impervious surfaces Application						
includes photos of project area						
H. Permit Application Fees						
Administrative Fee: \$125.00			125.00			
Impervious Area Fee: \$0.50 per square ft.	Enter new impervious a	rea as entered in item (5a) x 0.5	(53.50)			
	306	x 0.5	153.00			
Total Fee due:			278.00			

Submit this form and application fee, payable to:

State of Vermont -Vermont Department of Environmental Conservation
Watershed Management Division -Shoreland Permitting
1 National Life Drive, Main 2
Montpelier, VT 05620-3522

Direct all correspondence or questions to Shoreland Permitting at: <u>ANR.WSMDShoreland@vermont.gov</u>

For additional information visit: http://dec.vermont.gov/watershed/lakes-ponds

TOWN OF TINMOUTH, VERMONT APPLICATION FOR ZONING PERMIT

The undersigned hereby requests a zoning permit for the following use, to be issued on the basis of the representations contained herein. This permit is void in the event of misrepresentation or if construction is not commenced within nine months and completed within two years. New Driveways require a Town Highway Permit to connect with a Town Road. Before there is any use or occupancy of any structure or addition authorized, it must be inspected upon completion by the Zoning Administrator and a Certificate of Occupancy issued.

Location of Property 175 WHITE BIRCH DR Tax Map Parcel ID #: 00540175
Zonning District Nake Shre Overlay: Yes No W If yes, describe
Traine of failubwher. WILLIAM IT OWENIC
Address: 175 WHITE BIRCH DR Phone: 802/446-7031
Name of applicant (if other than landowner):
Address: P.O. Box 231 WALLINGFORD VT 05773 Phone:
Address: P.O. Box 231 WALLNGFORD VT 05773 Phone: Project Description: Roof OVER DECK AND WALKWAY, STAIRWAY TO DRIVEWAY, TO DOCK New Construction Addition \(\sqrt{Change of Use} \) Structural Alteration \(\sqrt{Other} \) Existing Use and Occupancy Selsman Proposed Vise Structural Alteration \(\sqrt{Other} \)
Existing Use and Occupancy Selson a Proposed Use and Occupancy WALKWAY + PROTECTION FA
Change of Use. Yes No X Evaluin
Lot size 125' x 150' (sq.ft. or acres) Frontage on bubble road (50'
Hilliding langth //a/
Property Boundaries: Rear 1 Side 7.2' Side 7.2'
Type of septic system hold has
A copy must be provided to the Town before dwelling construction begins. YES XNO: Driveway permit: YES XNO NO
Please contact the Permit Specialist for the State of Vermont at 802-786-5907, or visit www.anr.state.vt.us/dec/permits.htm to determine whether any State Laws or Permits apply (including but not limited to Act 250, water/wastewater, energy efficiency, subdivision, stormwater, curb cut, health, building codes, etc.)
A general plot plan showing the location of the property and buildings or work areas must be attached to each copy of this application.
I hereby certify the information contained herein, including all attached documents, is true and accurate:
Signature of Applicant: William 7 Quen Date: 8/5/16
FOR USE BY ADMINISTRATIVE OFFICER ONLY Application No. 16-1 Received 8/5/16 Fee Paid 5. 10
Approved Denied Referred to Board of Adjustment Date 8/5/16
Signature of Zoning Administrator Sail Fallar Date 8/5/16
The approval or denial of this pormit and the state of the pormit and the state of

• The approval or denial of this permit application by the Zoning Administrator may be appealed to the Zoning Board of Adjustment within 15 calendar days of the decision date. The permit will not be valid until the end of the 15-day appeal period.

TOWN OF TINMOUTH, VERMONT APPLICATION FOR ZONING PERMIT

Please provide a sketch of the project in the space below (or attach plans). You must show:

- Property boundaries (including road frontage with name) and acreage
- Existing structures
- Dimensions of the proposed structure
- Distances from the proposed structure to front, rear, and side property boundaries











