11-042380

## TOWN OF FAYSTON, VERMONT

## APPLICATION FOR ZONING PERMIT/HEALTH PERMIT

(Submit in Triplicate)

1.	Name of Landowner death Frintis Address 19 Thatista
2.	Name of Applicant: Address. With the second
3.	Location of Property. Garman. Flanc
	Nature of Work: New Construction
	Addition
	OtherSq. Ft.
5.	Existing Use and Occupancy. Macant Proposed Use and Occupancy. Macant
6.	Lot Size
7.	Description of Access to Lot: Direct Access by Driveway from Public Road.
	Access by Right of Way or Easement AGG—Describe . FALLY . AGGS. AGGGMGMG
	If New Road exists, or is Proposed—Describe
	Building Length
	Set Backs: From Center Line of Road. 52ft.; Rear. 55ft.; Side. 50ft.; Side. 51ft.
10.	Type Water System. No. 12 10 10 10 10 10 10 10 10 10 10 10 10 10
11.	Attach To This Application: a) your Engineer's Report on Perc. Tests and Soil Boring Conditions; b) the Design for your Water Source System and your Sewage Disposal System.
12.	Describe Your Proposals to Prevent (if applicable) Undue Adverse Impact on Soil Erosion; Air, Water, or Noise Pollution; Historic Sites or Rare or Irreplaceable Natural Areas:
13.	If This Application is for Planned Unit Development, Planned Residential Development, or Mobile Home Park, please refer to Pertinent Sections of Ordinance and Provide Required Additional Information.
14.	Attach to this Application a Plot Plan Showing with Dimensions the Following:  Lot Boundaries & Dimensions Surrounding Property Owners Location of Building(s) on Lot Yard Dimensions  Location of Disposal Field Access Provision
15.	a) An interested Person May Appeal any Decision by the Administrative Officer Within 15 Days of the Date of Such Decision. b) This Permit shall not Take Effect until the Time for such Appeal has Passed.
16.	Permit Voided in the Event of Misrepresentation or Failure to Undertake Construction within ONE YEAR of Date of Issuance.
17.	The Undersigned Applies for a Zoning Permit/Health Permit to be Issued on the Basis of the Representations Contained Herein and to the Best of His Knowledge Believes them to be True.
	Owner or Applicant Jack Feintisch by: Canal Stock Date 5/10/79
18.	FEES: Zoning Permit/Health Permit \$15.00 for first 1,000 sq. ft.
	Health Permit — \$5.00
Ĺ	Appeal to Board of Adjustment — \$15.00
1	FOR USE BY ZONING ADMINISTRATOR
ΑP	PLICATION NO. 26.0 Date Received 5/11/29 Fee Received 25.0
Use	e is Permitted
	Gerred to: Planning Commission for Right of Way Approval Site Plan Review
	Selectmen for Access Permit
	Board of Adjustment State Agency per 24 V.S.A. 4409(c)
Da	te of Referral Action by Referral Body
An	plication for Zoning Permit is: Approved Denied