

**TOWN OF WARREN**  
**CONDITIONAL USE RESIDENTIAL**  
**PERMIT APPLICATION**

Permit Application No. 2013-02-CU-ZP

Parcel ID # 004000-200

**Application Requirements:** The applicant shall submit to the Administrative Officer, at least 15 days prior to a regularly scheduled Development Review Board meeting, a **Conditional Use** Application, and associated fee. The application shall include, with the required fee, 1 original and 5 copies of a **Conditional Use** application, and 1 original and 5 copies of the proposed sketch plan, if required, that include the information for CU applications specified in Table 5.1. Copies of the proposed sketch plan, if required, shall be 11" X 17" or smaller. Applicants are strongly urged to review the Town of Warren Land Use & Development Regulations Articles 5, *Development Review* before submitting an application.

1. Name of Landowner(s): Gary & Deborg Johannessen  
 Address: 59 Main St Telephone: 496 3333

2. Applicant(s), if other than Landowner: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Property Locations: Warren VT  
 Zoning District: \_\_\_\_\_

4. Does the proposed development contain Steep Slopes as outline in Article 3, §3.4, *Erosion Control & Development on Steep Slopes*?  Yes  No  
 Is the proposed development within the Meadowland District?  Yes  No  
 Is the proposed development within the Flood Hazard District?  Yes  No

5. Project or Development sought under **Conditional Use**: Repair of Irane flood damage using retaining wall & support structure

7. Attached evidence of written notification to all adjacent property owners, together with a copy of the documentation sent to adjoining to explain the project (see Section 9.8).

8. Attach a narrative describing the proposed **Conditional Use** (see Articles 5).

9. Attach a complete sketch plan (see Table 5.1) of the project.

10. To facilitate the subdivision, **Conditional Use** approval process, the applicant should consult the any related Town of Warren Departments, if required, before the meeting with the Development Review Board.

Signature(s) of Landowner(s) of Record \_\_\_\_\_  
 \_\_\_\_\_

Signature(s) of Applicant(s) \_\_\_\_\_

FEE SCHEDULE RESIDENTIAL:	
CONDITIONAL USE:	
ORIGINAL OR AMENDED	\$250/EA.
VARIANCE	\$250/EA
CHANGE OF USE	<u>\$250</u>
APPEAL OF ZONING ADMINISTRATOR'S DECISION (NOT APPEAL OF VIOLATION)	\$150
APPEAL OF VIOLATION	\$100
Publishing Fees:	
Residential	<u>\$60. EA /insertion</u>

Date Application Received: 12/15/12

Fee Received: 310<sup>00</sup>

TOWN OF WARREN  
PO Box 337  
WARREN, VT 05674  
PHONE (802) 496-2709  
FAX (802) 496-2418

CONDITIONAL USE REVIEW - WORKSHEET

Parcel #: \_\_\_\_\_

Permit #: \_\_\_\_\_

Date Received: \_\_\_\_\_

(To be completed by Town of Warren staff)

Applicant: Cary & Deb Johnson

Address: 35 Main St Warren

Phone: 802-496-8333

deb3@macliver.com

Landowner: Same

Address: Same

Phone: Same

Contact Person: Same

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Brief description of the proposed development: Repair of

Iron flood damage. Add retaining wall

to hold back yard from collapsing.

Install 100 sq ft deck to assist retaining

wall.

# APPLICATION FOR ZONING PERMIT

## TOWN OF WARREN

Office of Planning, Zoning & 911

PO BOX 337

WARREN, VT 05674-0337

(802) 496-2709, Ext 24 FAX (802) 496-2418, Email: zoning@warrenvt.org

APPLICATION NO. 2013-02-2P GRAND LIST NO. 004000-2

1. APPLICANT: NAME Gary Johannesen  
ADDRESS 159 Main St  
TELEPHONE 802 496 3333

2. LAND OWNER: (If different from Applicant)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

3. LOCATION OF PROPERTY: 59 Main St

4. ZONING DISTRICT: \_\_\_\_\_

### INSTRUCTIONS:

Please provide all of the information requested in this application (items 1-19 and sketch plan). Read the Land Use & Development Regulations and familiarize yourself with requirements for building and development in the Town of Warren. Failure to provide all required information will delay the processing of this application. Projects other than a 1 or 2 family residences or agricultural uses require additional information in addition to that requested here. Consult the regulations for application requirements. Submit one copy of this application and a check made out to the "Town of Warren" according to the fee schedule attached herein. 50% of the fee is refundable if the application is withdrawn prior to issuance of the permit.

The undersigned hereby applies for a Zoning Permit for the use described in pages 1-4 of this application, to be issued on the basis of the representations made herein, all of which the applicant swears to be true. ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION.

[Signature] \_\_\_\_\_ DATE 1/15/2013  
SIGNATURES OF ALL PROPERTY/LAND OWNERS

[Signature] \_\_\_\_\_ DATE 12/15/2013  
SIGNATURES OF ALL PROPERTY/LAND OWNERS

Date received at the Town Clerk's Office: 12/15/13 Fee received: \_\_\_\_\_

Date deemed complete and processed by the Zoning Administrator: \_\_\_\_\_

5. LEGAL INTEREST IN PROPERTY: Owner

6. DATE PROPERTY ACQUIRED: May 19, 1986

7. DEED IN RECORDED BOOK: 78 AND PAGE: 52 OF LAND RECORDS

8. SIZE OF PROPERTY IN ACRES: .5

9. FRONTAGE ON ROAD(S): 200+  
(If property fronts on more than one road please include each frontage measurement individually.)

10. EXISTING USE OF PROPERTY AND DATE USE STARTED: Homestead  
1800's

11. DESCRIPTION OF WORK TO BE DONE: Repair of Irone flood  
damage, add retaining wall & deck to support  
Retaining wall

12. PROPOSED NEW USE OF PROPERTY: Same

13. DIMENSIONS OF PROPOSED AND EXISTING BUILDING(S):  
PROPOSED: LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
NO. OF STORIES: \_\_\_\_\_ TOTAL SQUARE FOOTAGE: \_\_\_\_\_  
EXISTING: LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
NO. OF STORIES: \_\_\_\_\_ TOTAL SQUARE FOOTAGE: \_\_\_\_\_

14. SETBACKS FROM ROAD(S) AND/OR STREAM(S): \_\_\_\_\_

PROPERTY LINES: FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ SIDE(S): \_\_\_\_\_, \_\_\_\_\_

15. DESCRIBE TYPE OF WATER SYSTEM: Drilled well

16. A Health Permit is required from the Health Officer for new single and two-family residences and/or additions that significantly increase the septic requirements of single or two-family residences (additions of bedrooms, etc.). The Health Permit for sewage disposal systems MUST BE OBTAINED BEFORE THIS ZONING PERMIT CAN BE PROCESSED. Please attach a copy of the Health Permit to this application and provide information noted below. Please see Health Ordinance for more details. Copies are available at the Town Clerk's Office.

Health Permit No: \_\_\_\_\_ Date Approved: \_\_\_\_\_

System Designer: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

17. ESTIMATED COST OF CONSTRUCTION: \$3000

- 18. COMPLETE THE SITE PLAN ON PAGE 4 OF THIS APPLICATION (YOU MAY ATTACH A SEPARATE SHEET), PROVIDING ALL REQUIRED INFORMATION.
- 19. USE THIS SPACE BELOW TO PROVIDE ANY OTHER INFORMATION YOU FEEL IS RELEVANT FOR THIS APPLICATION.

**PLEASE NOTE THE FOLLOWING REGARDING THIS PERMIT APPLICATION:**

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**This application cannot be processed until all requested information is submitted in clear and readable form. You may attach addition sheets to this application.**

If a permit is granted on the basis of this application;

- 1) An interested person may appeal any decision made by the Zoning Administrator within 15 days of the date of issuance.
- 2) The permit shall not take effect until the appeal period has passed.

A permit granted on the basis of this application will be voided in the event of misrepresentations of the information contained herein, or if construction is not substantially complete within two (2) years from the date of issuance.

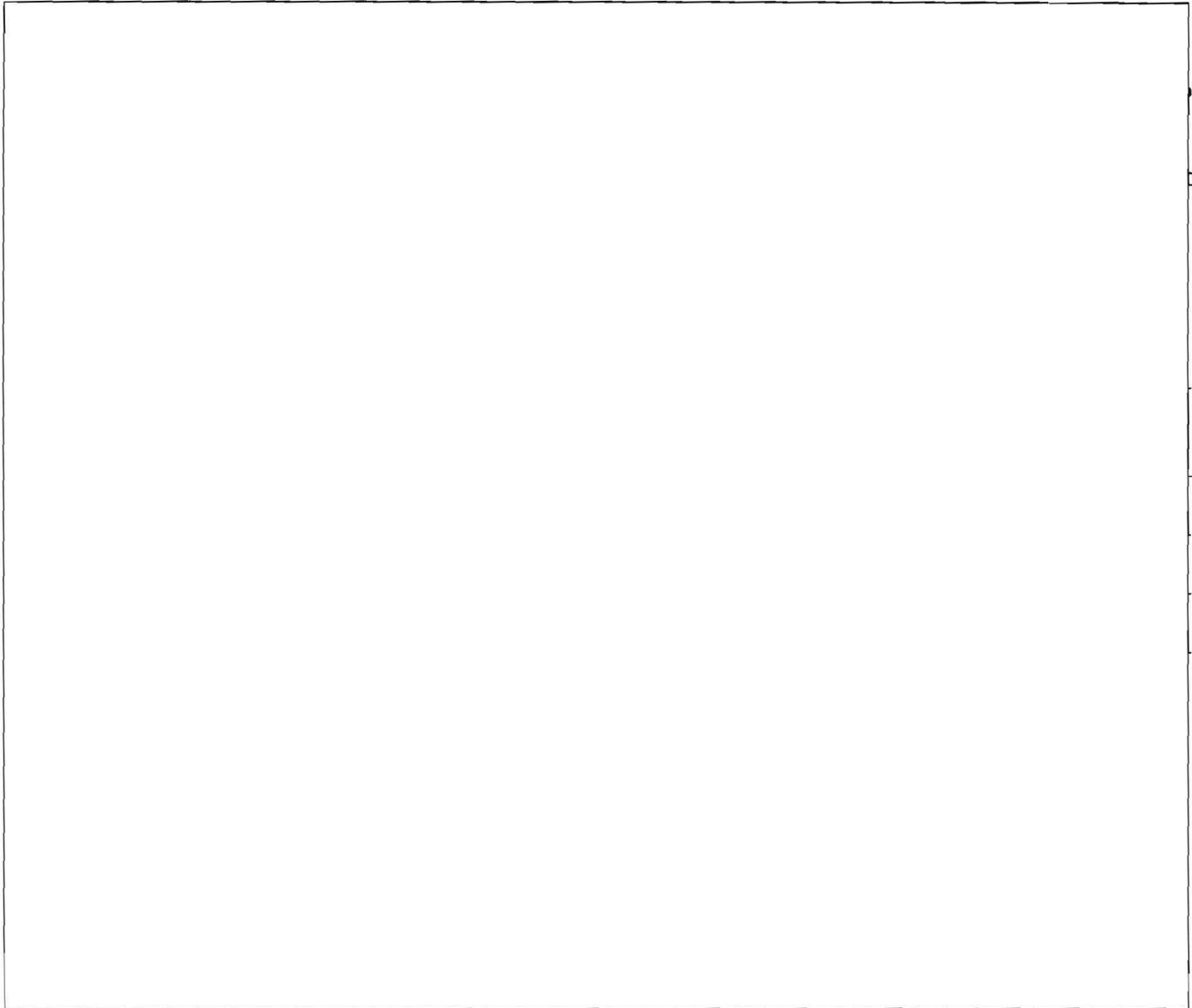
An extension for a permit may be requested prior to the expiration date of the issued permit.

If information contained in an issued permit changes (e.g. size of proposed structure) an amended application must be submitted with in 15 days of the change to the Zoning Administrator.

**SKETCH PLAN**

Please include 2 copies of the sketch of your project, drawn to scale, indicating all listed information. You may use the space provided bellow or attach a separate sheet no smaller than 8½” x 11”

- Location of existing and proposed structures
- Dimensions of all structures (including roof overhangs)
- Property lines and dimensions
- Existing and proposed structures setbacks
- Easements and/or right-of-way
- Names of abutting properties
- Existing & proposed curb cuts & driveways
- Existing & proposed streets, sidewalks, curb cuts
- Signs, fences, stonewalls
- Other important information relevant to the application
- Septic tank location
- Leach field location
- Location of water source
- Indicate wooded or open areas
- Location of utilities
- Locations of rives & streams
- Outside storage areas
- Location of dumpster
- Lighting plan & fixture sheet



Permit Number# \_\_\_\_\_

Please complete all applicable fee(s) calculations and enclose a check for the total amount upon submission of completed applications. Make checks payable to: Town of Warren, **ADOPTED JANUARY 2011**

Please complete all applicable fee(s) calculations and enclose a check for the total amount upon submission of completed applications. Make checks payable to: Town of Warren

**BUILDING PERMITS - ZONING ADMINISTRATION FEES**

Note: # of Finished Floors may also be calculated as total finished square footage, which would include all usable space, garages (attached & unattached), finished basements, finished attics, etc.

**RESIDENTIAL CONSTRUCTION FT<sup>2</sup> new construction, additions, mobile home, single/two, or multi-family dwelling and garages**

(To establish fee base under 2001ft<sup>2</sup> or over 2001ft<sup>2</sup> Include Existing Structure & Additional ft<sup>2</sup>, insert new ft<sup>2</sup> in the space below: A or B)

**Under 2001 ft<sup>2</sup>**

A. \_\_\_\_\_ ft<sup>2</sup>. X \_\_\_\_\_ # FINISHED FLOORS ÷ 100 X \$ 20.00 = \_\_\_\_\_ + \$ 150. = \_\_\_\_\_

**OVER 2001 ft<sup>2</sup>**

B. \_\_\_\_\_ ft<sup>2</sup>. X \_\_\_\_\_ # FINISHED FLOORS ÷ 100 X \$ 30.00 = \_\_\_\_\_ + \$ 250. = \_\_\_\_\_

DECKS AND SMALL PORCHES, UNDER 101 ft<sup>2</sup> \$75 (EACH) = \_\_\_\_\_

DECKS AND SMALL PORCHES, 101 ft<sup>2</sup> AND UP  
\_\_\_\_\_ SQ' ÷ 100 X \$10.00 = \_\_\_\_\_ + \$ 100 = \_\_\_\_\_

OUTBUILDING: BARNs, SHEDS(No FOUNDATION)  
(LESS THAN 200 ft<sup>2</sup> \$ 75 = \_\_\_\_\_

(GREATER THAN 200 SQ'):  
\_\_\_\_\_ ft<sup>2</sup>. X \_\_\_\_\_ # Floors ÷ 100 X \$15.00 = \_\_\_\_\_ + \$200 = \_\_\_\_\_

RE-ISSUE OF PERMIT WITH NO CHANGE \$75 = \_\_\_\_\_

POOL OR POND = \_\_\_\_\_

OTHER \$100 = \_\_\_\_\_

**RENOVATION:**

**MINOR-** LESS THAN 500 ft<sup>2</sup>.OR LESS THAN 10K (USE SF OR VALUE WHICHEVER IS GREATER)

1.50/ \$1,000.00 OF VALUE: +100.00 \_\_\_\_\_ = \_\_\_\_\_

OR ft<sup>2</sup>. \_\_\_\_\_ X \_\_\_\_\_ # FINISHED FLOORS ÷ 100 X \$15.00 = \_\_\_\_\_ + \$100 = \_\_\_\_\_

**MAJOR -** GREATER THAN 500 ft<sup>2</sup>. OR GREATER THAN 10K (USE SF OR VALUE WHICHEVER IS GREATER)

2.00/ \$1000.00 OF VALUE, \_\_\_\_\_ + 250 = \_\_\_\_\_

OR \_\_\_\_\_ ft<sup>2</sup> X \_\_\_\_\_ # FINISHED FLOORS ÷ 100 X \$30.00 = \_\_\_\_\_ + \$350 = \_\_\_\_\_

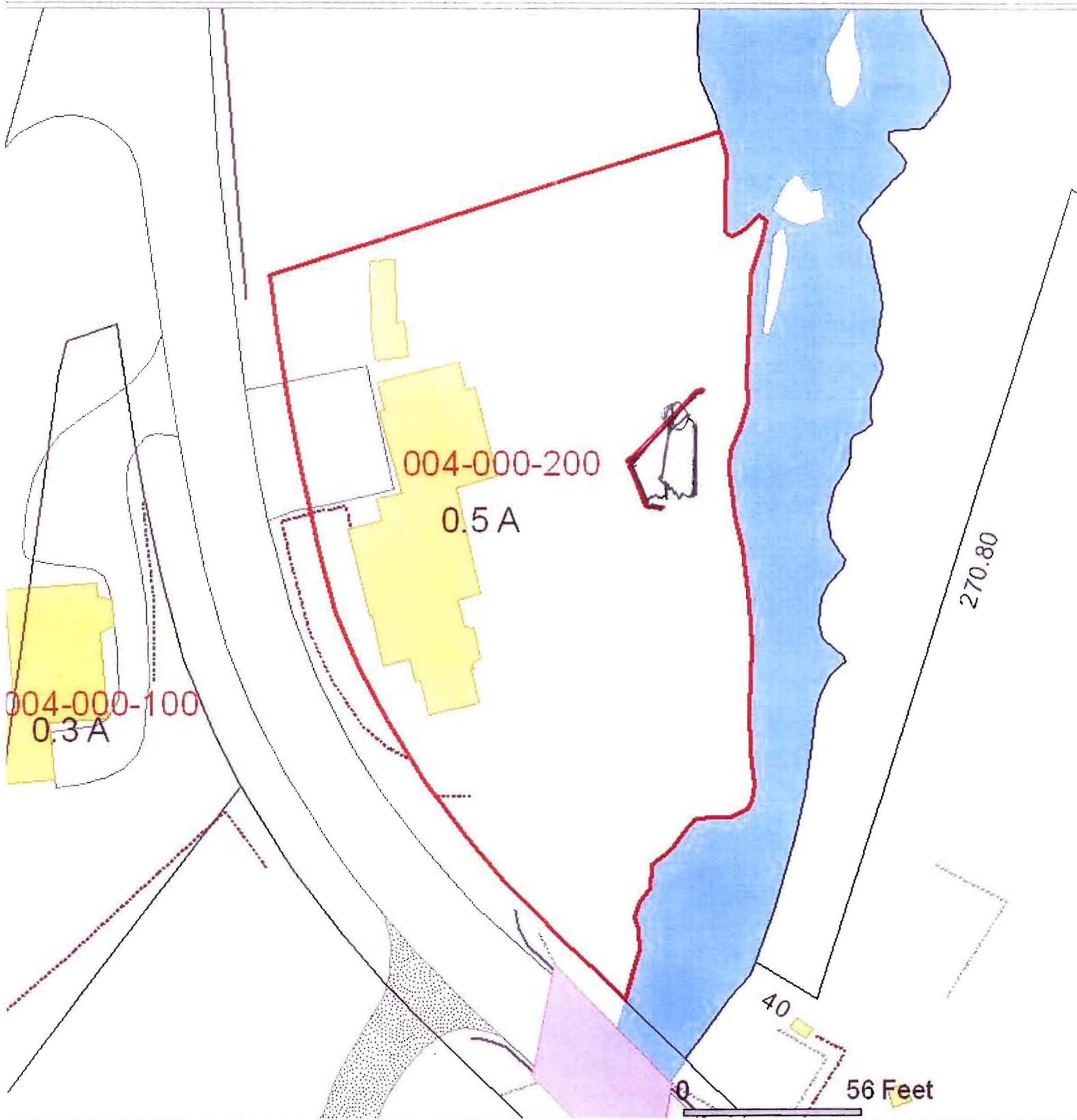
HOME OCCUPATION \$75 = \_\_\_\_\_

LETTER OF PERMIT STATUS OR CERTIFICATE OF ZONING COMPLIANCE \$ 75 = \_\_\_\_\_

CHANGE OF USE OR ADDITION OF USE \$150 = \_\_\_\_\_

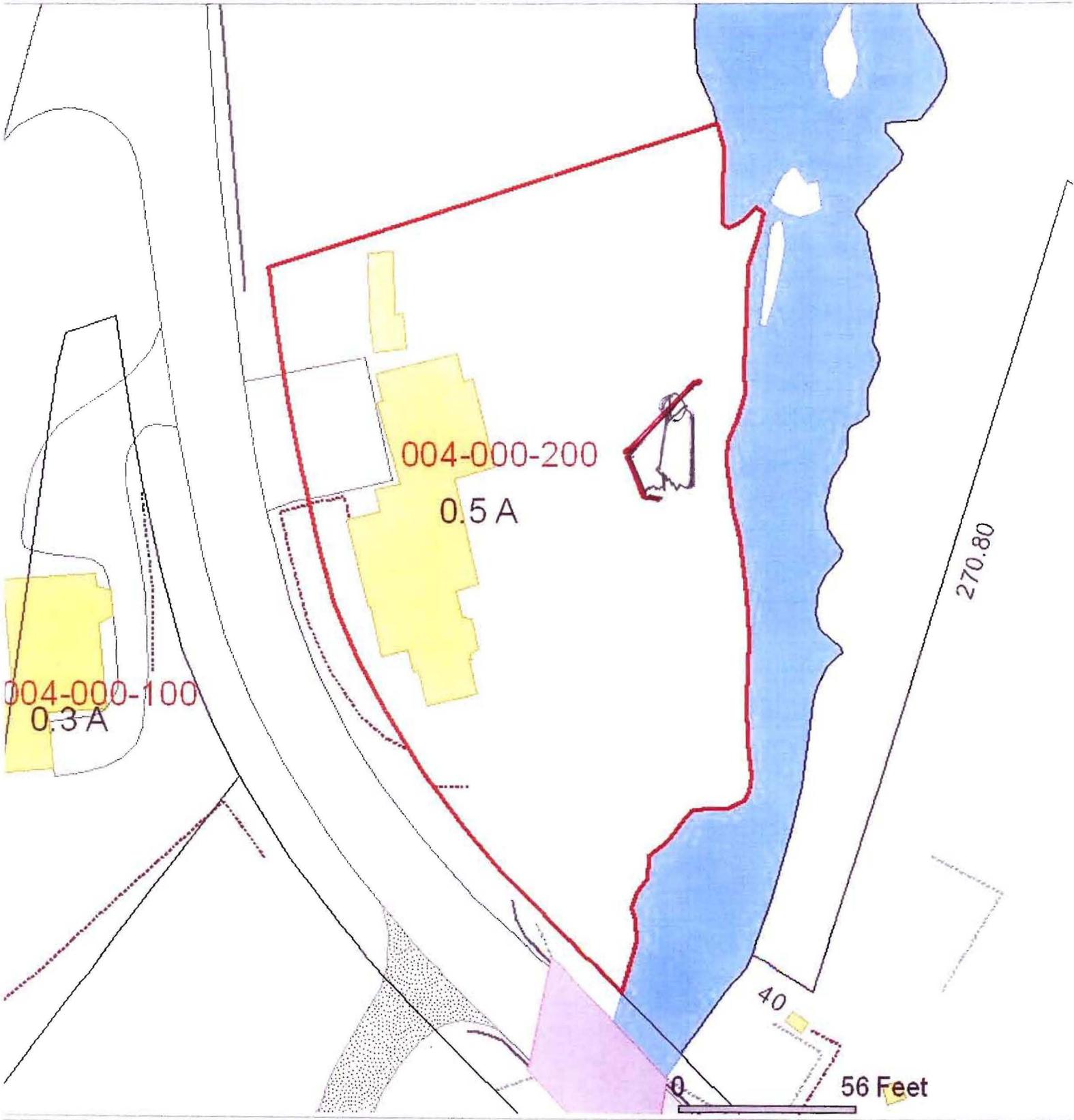
**LATE FEE (CONSTRUCTION BEFORE PERMIT) 150% ADDITIONAL TO ABOVE = \_\_\_\_\_**

Wednesday, June 20, 2012

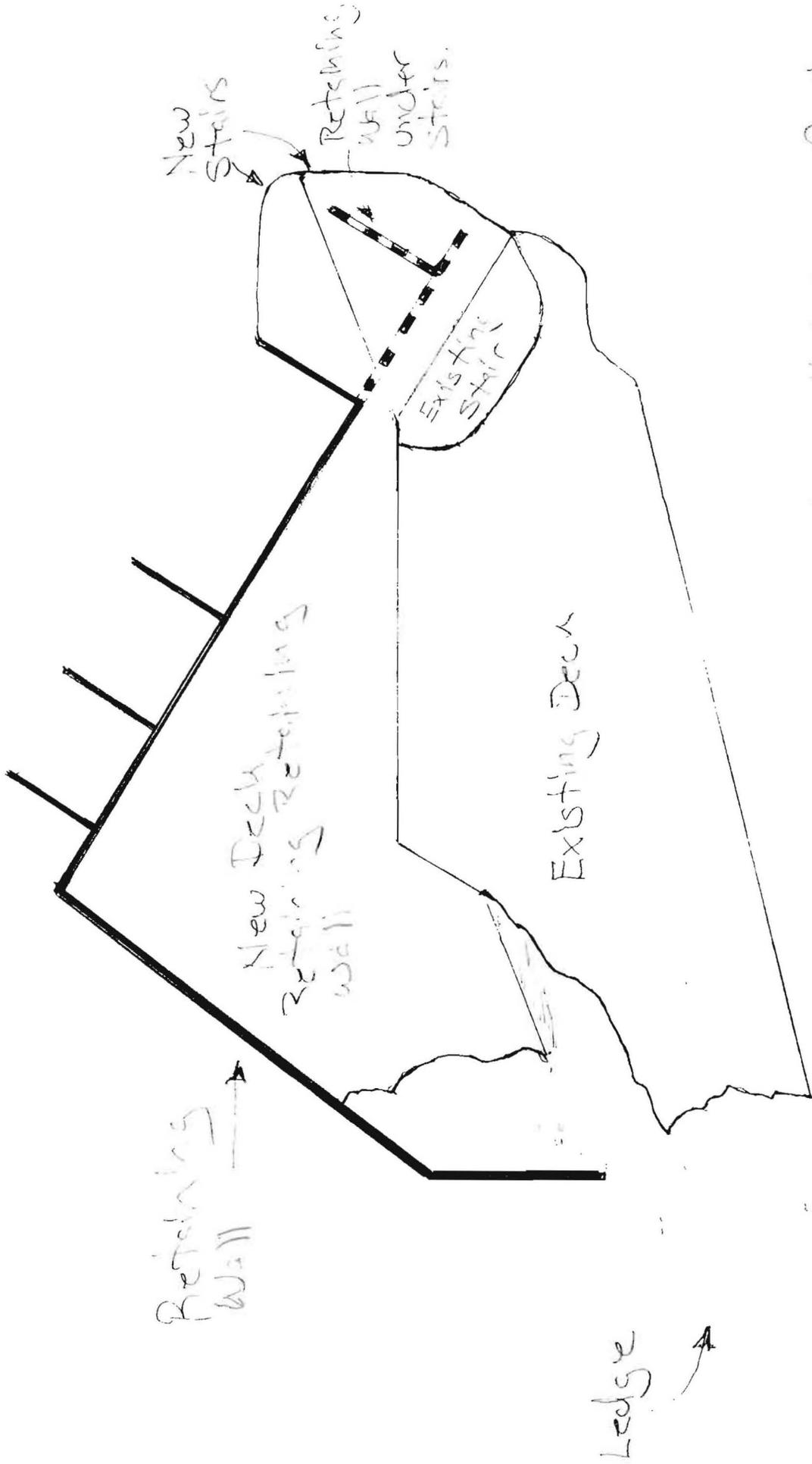


Deck to Water 13'

Wednesday, June 20, 2012



Deck to water 13'



Scale = 1/4 inch per foot

Post Irene repair on Tommingsen yard, 59 Main St.

Ledge  
→

Retaining  
Wall

New Deck  
Retaining  
Wall

Existing Deck

Existing  
Stairs

New  
Stairs

Retaining  
Wall  
under  
Stairs.

Scale = 1/4 inch per foot

Post Irene repair of Tompkinson yard, 59 Main St.

