



GEORGIA VERMONT

Waiver Request

E911 Address 5659 Georgia Shore Road Tax Parcel ID 107310400 Zoning District LV

Section 1: Owner/Applicant Information (complete all)

Owner(s) Joseph & Jaime Gray Applicant(s) _____

Address _____ Address _____

Saint Albans Vt _____

Zip Code _____ Telephone _____

Email _____

CERTIFICATION OF APPLICANT(S)

AFFIRMATION: The undersigned hereby certifies that the information submitted in this application is true, accurate, and complete.

Signature of Applicant: [Signature] Date: 12/21/2025

Signature of Applicant: Jaime Gray Date: 12/21/2025

PROPERTY OWNERS' AUTHORIZATION

The undersigned property owner(s) hereby certify that the information submitted in this application regarding this property is true, accurate and complete and that the Applicant(s) have full authority to request approval for the proposed use of the property and any proposed structure(s).

Signature of Owner: [Signature] Date: 12/21/2025

Signature of Owner: Jaime Gray Date: 12/21/2025

1. Waiver requested of the DRB? Driveway Waiver for Subdivision lots 1-2, we are providing 30 feet of road frontage.

Request for variance under Section(s) _____ of the Town of Georgia Zoning Regulations.

2. Waiver requested of the DRB? _____

Request for variance under Section(s) _____ of the Town of Georgia Zoning Regulations.

3. Waiver requested of the DRB? _____

Request for variance under Section(s) _____ of the Town of Georgia Zoning Regulations.

Decision/Action Taken (FOR TOWN USE ONLY):

Date received: _____ Fee paid: _____ Meeting date: _____ Returned (incomplete) _____ Date: _____

Signed: _____

Douglas Bergstrom
Zoning Administrator, Planning, DRB & 911 Coordinator

You will receive a written Decision and Finding of Fact within 45 days of the close of the hearing.

All applications for variance must be heard by the Development Review Board (DRB) according to the criteria set forth in 24 V.S.A. Section 4469(a).