



GEORGIA VERMONT

Variance Application

Permit # VAR 063-25

SECTION 1: OWNER/APPLICANT INFORMATION (complete all)

Owner(s): Gerard & Jean Ann Buffo
Address: 142 Bayview Rd
Georgia VT
Zip Code _____ Telephone _____
Email gerardbuffo@gmail.com

Applicant(s): Brad Rabinowitz
Address: 47 Maple St
Burlington, VT
Zip Code 05401 Telephone _____
Email brad@bradrabinowitzarchitect.com

Tax Parcel ID: _____ Zoning District: _____

CERTIFICATION OF APPLICANT(S)

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

Signature of Applicant: Jean Ann Buffo Date: 06/06/25

Signature of Applicant: Gerard Buffo Date: 06/06/25

BRAD RABINOWITZ

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: Jean Ann Buffo Date: 06/06/25

Signature of Owner: Gerard Buffo Date: 06/06/25

47 Town Common Road North • St. Albans, VT 05478

Phone: 802-524-3524 • Fax: 802-524-3543 • website: townofgeorgia.com