

GEORGIA VERMONT

Waiver Request

SECTION 1: OWNER/APPLICANT INFORMATION (complete all)

Owner(s): Brian & Heather Dunsmore Address: 6086 Ethan Allen Highway St. Albans, VT Zip Code 05478 Telephone 802-524-3235	Applicant(s): Owners Address: Zip Code Telephone
Email kdunsmores@comcast.net	Email
Tax Parcel ID: 116400000	Zoning District: AR-1
CERTIFICATION OF APPLICANT(S)	
AFFIRMATION: The undersigned hereby certifies that the information submitted in this application is true, accurate, and complete	
Signature of Applicant: July Munmu Date: 10/72/24	
Signature of Applicant: John Me Date: 10/72/24	
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: Date: Date: Date: 10/12/14 47 Town Common Road North. • St. Albans, VT 05478	

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

1. Waiver requested of the DRB?
Lot frontage waiver - 250' required. 60' of frontage existing on Route 7.
The proposed private road that traverses the lot will provide another 418' on
_each side.
2. Request for variance under Section(s) waiver from portion of Table 2.3(c)
of the Town of Georgia Zoning Regulations.
2. Waiver requested of the DRB?
Front setback waiver - 75' from centerline is required. Proposed reduction down
to as little as 45' to allow a compact cluster development.
2. Request for variance under Section(s) waiver of portion of table 2.3(c)
of the Town of Georgia Zoning Regulations.
3. Waiver requested of the DRB?
Allow vehicles to back into a private road. Desirable within a cluster development
to keep driveways as short as possible.
2. Request for variance under Section(s) waiver of Section 5.2.B.2.d
of the Town of Georgia Zoning Regulations.
02 000 20 000 02 0 6
The fee for waivers is \$400 each. For more than three waivers please attached a
seperate sheet.
DECISION/ACTION TAKEN (FOR TOWN USE ONLY):
Date received: Fee paid: Check # Approved Denied Returned (incomplete) Date:
Approved Denied Returned (incomplete) Date:
Permit valid on
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).