

Date Applicants signature

## TOWN OF WEST RUTLAND

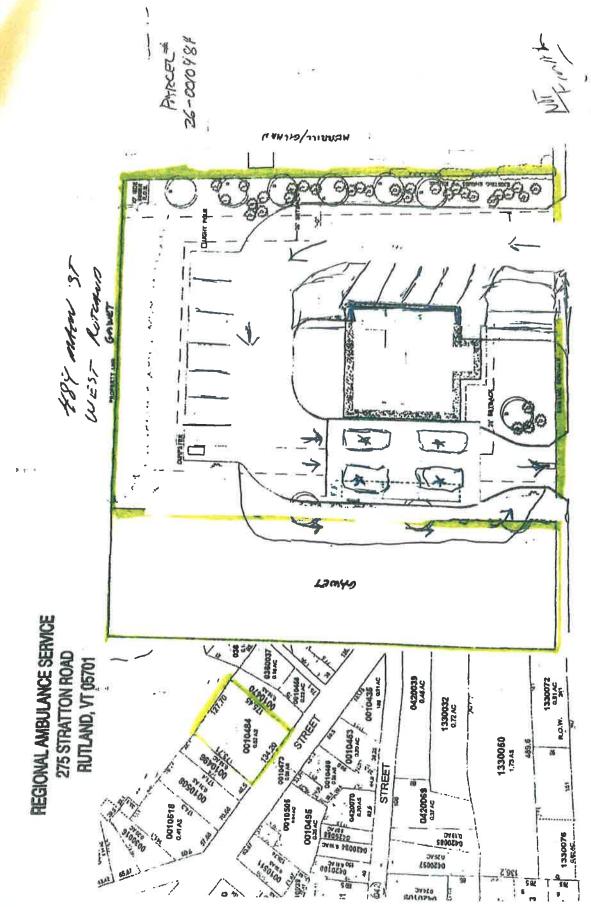
## ZONING PERMIT APPLICATION

Name of Applicant Regional Ambulance Service Inc.
Address: 275 Strotton Road Rutland VI 05701
Phone # 802 773 1746
Name of Property Owner: CHASE Really Partners Jim At RAS & Act. com (if different) 19 Woodhill Hookset RD, Bow NH 03304
Address: and Philip Gaucet, PO BOX 112 Center Rutland VT 05736
Locatable Address:
Size of Property: Book Page
Present Use of Property: Previously a bank and adjustent Vacant land Zoning District: VC1
Description of proposed project, Include structures, demolitions or change of use: Change of use to
Ambulance Garage: Quarters for stast, Add 4-bay garage
Number of stories: (Include basement) 1 Building Height: Under 30' requirement
Total Square Footage: Estimated Cost of Construction: 350,000
Type of water system: Municipal Type of Sewage System: Municipal
Additional Comments:
Poods or water and adjusted a second of the
Roads or waterways adjoining property:  Is the property owner the owner of the adjoining property?
If the answer is yes, describe the adjoining property:
Is the property in a flood hazard area? Wellhead Protection area? NO Wetland area?
Attach a scaled drawing of the property on a separate sheet that shows the dimensions of the property, the location of any structures (existing or proposed) on the property, the distance between such structures and property lines and the location of driveways and parking areas. Include floor plans / elevations of the proposed building when applicable.
CERTIFICATION OF APPLICANT  The undersigned applicant hereby certifies that all information submitted on this application is accurate and that the information provided is complete.  The undersigned applicant hereby certifies that all information submitted on this application is accurate and that the information provided is complete.  The undersigned applicant hereby certifies that all information submitted on this application is accurate and that the information provided is complete.  The undersigned applicant hereby certifies that all information submitted on this application is accurate and that the information provided is complete.  The undersigned applicant hereby certifies that all information submitted on this application is accurate and that the information provided is complete.
PROPERTY OWNER'S AUTHORIZATION
The undersigned applicant hereby certifies that all information submitted on this application is accurate and that the information provided is complete.

## \*\*\*\*\*

FOR COMPLETION BY ADMINISTRATIVE OFFICER	
Date of Receipt: $10/3/22$	Fee Paid: 250
Zoning District	Type of Use: COMMCROAC
Action by Administrative Officer:	become effective until:
Table of the state	become cricenve min.
REFERED TO DRB	
Date of Administration Officer Action: 10/2/2023	
Administrative Officer's Signature	
Permits will be void if the applicant fails to undertake the permitted dev complete the permitted development within 2 years of the date of issue	velopment within 6 months of the date of issue of the zoning permit or fails to of the zoning permit.
Any decision of the Administrative Officer may be appealed to the Dev Board within 15 days of the Administrative Officer's Decision.	velopment Review Board by filing a written notice of appeal with the clerk of the
Permit referred to:  Development Review Board: 10/3/2022 AND  CONDITIONALUS	Reason:
HEMICING WARNED FOR 700 PM W/CD.  VT State Environmental Office: _ Call the state permit specialis to see if state permits are required	OCT. 19, 2027 TOWN OFFICES 35 MARBLE ST 948/24
Board Action:	***
Development Review Board:	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.
2	216
3	******
CERTIFICAT	TION OF OCCUPANCY OR USE
Before there is any use or occupancy of any structure or addition above	re, it must be inspected upon completion by the Administrative Officer. This plans heretofore filed with the Administrative Officer and with all applicable
Certificate Granted Denie	ed Date
Administrative Officer's signature	
Sewer Inspection	On-Site Sewage Inspection
Department of Labor and Industry Occupancy Approval	V The state of the
Access/Right of Way Permit Inspection	Bond Submittal
Water Meter Installation	Private Water Supply Tested

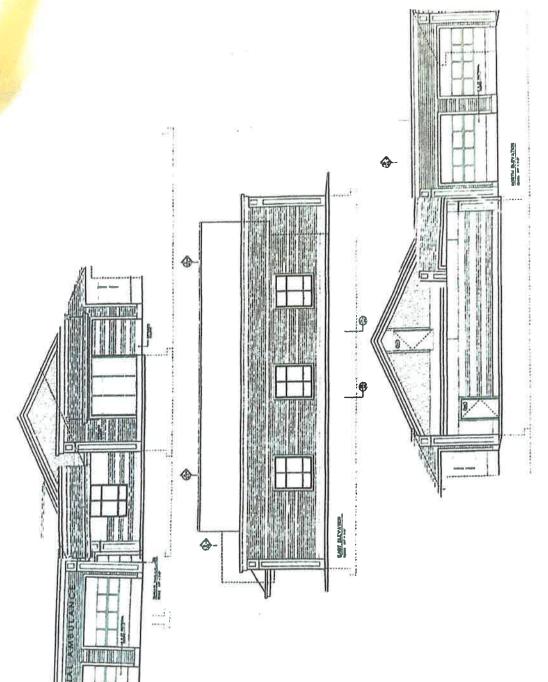
Locatable Address No,



SITE PLAN CIS SETSACKO

PAR STREET

486 MHV ST RUITARD VT



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