

To: #4267-16 | 114 Atkinson Street | Parcel ID 23-4010114  
Applicant: Karlene Desmond  
Date: September 14, 2016  
RE: ZONING PERMIT DECISION – APPROVED HANDICAP ACCESS LIFT

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This zoning application is found to meet the provisions of the Town of Rockingham Zoning Bylaw and is hereby administratively approved. The zoning permit is issued for an accessory handicap lift to augment a residential use as outlined in the application and attached sketch.

The proposed accessory addition meets the requirements allowed in the Residential 7 Zoning district under section 2421 and allowable in the Waivers under section 1326 of the Rockingham Zoning Bylaw.

The Administrator viewed the site with the applicant and confirmed the measurements on September 14, 2016. Given the relative distance from public sidewalk, the Administrator has determined there is no possible interference for snow removal for the adjacent sidewalk.

The Applicant will maintain the access lift only as long as necessary to accommodate persons with mobility challenges. Once the lift is no longer serving that purpose, the lift and porch extension will be removed to restore existing property setbacks.

A zoning approval notice sign is attached to this permit and must be posted at the construction site and easily viewable from a public road or street. The sign must be in place for a period of 15 days starting with the date the permit is issued. The 15 day public notice requirement is mandated by Vermont State Law.

The permit is effective 15 days from date of decision. A zoning permit shall become void if the work described therein has not been started within two years from the date of issuance.

An interested person may appeal a decision of the Zoning Administrator to the Zoning Board of Adjustment. An appeal must be taken within 15 days of the date of the Zoning Administrator's decision. After the 15 day period, the decision becomes final.

Charles Wise  
Zoning Administrator

14 September 2016  
Date

Cc: Town Clerk \_\_, Applicant \_\_, Posted \_\_, Listers \_\_, Web \_\_\_\_

**TOWN OF ROCKINGHAM  
APPLICATION FOR ZONING PERMIT**

Date filed: <u>9 September 2016</u>	(OFFICE USE ONLY)	Applicant: <u>Desmond</u>
Fee Paid: <u>yes</u>		Owner: <u>Desmond</u>
Zoning District: <u>R-7</u>		Parcel Map# <u>23-4010114</u>
Referred to:		W/in 100 yr. floodplain? <u>No</u>
( ) Planning Commission <u>—</u>		W/in Regulated Wetland? <u>no</u>
( ) Board of Adjustment <u>—</u>		
Date: <u>—</u>	<b>PLOT PLAN ATTACHED &amp; APPLICATION COMPLETE ( )</b>	

COMPLETE ALL ITEMS OR APPLICATION WILL BE RETURNED. COMPLETE IN INK. DO NOT USE PENCIL. NO CONSTRUCTION OR USE IS TO BE STARTED WITHOUT AN APPROVED PERMIT. IF CONSTRUCTION OR USE BEGINS WITHOUT A PERMIT, A LATE FEE (See Fee Schedule Information) IS ASSESSED.

**PART I  
(ALL APPLICANTS MUST COMPLETE Part I)**

**Owner & Applicant Information**

- PROPERTY OWNER(s) Names Karlene Desmond  
(List Names of all Property Owners as shown on deed.)  
Mailing Address: 114 Atkinson St Bellows Falls VT Zip Code 05701  
Tel. No.: (Daytime) 910322-7397 (FAX) \_\_\_\_\_ Email: Kndesmond@yahoo.com
- APPLICANT(s) Names: Same  
(If different than Landowners)  
Mailing Address: Same Zip Code Same  
Tel. No.: (Daytime) Same (FAX) \_\_\_\_\_ Email: \_\_\_\_\_
- Contact Person: \_\_\_\_\_ (Daytime Tel.) \_\_\_\_\_

**Property Information**

- PROPERTY LOCATION: Street Number 114 Street Name Atkinson St
- Property Owner's Deed is recorded in Book \_\_\_\_\_ Page \_\_\_\_\_ Date of Sale \_\_\_\_\_  
(Information available in Town Clerk's Office)
- Is this lot recorded on a survey or subdivision map in the Town Clerk's Office?  Yes \_\_\_\_\_ No.  
If yes, provide Book \_\_\_\_\_, Page \_\_\_\_\_, and Date Recorded \_\_\_\_\_
- DIMENSIONS of LAND:**  
Area of Lot: 6.13 (Square Feet or Acres)  
Lot Frontage on Road/Right-of-way 50 ft. Lot Depth (front to rear) 115 ft.

**Use of Property Information**

8. CURRENT USE: Describe What the Property Is Used for Now. If there is more than one use, describe them all.  
Residential: Single-family () Two-Family ( )  
Multiple-family ( ) Number of Apartments \_\_\_\_\_

Describe:  
Commercial ( ): \_\_\_\_\_

Industrial ( ): \_\_\_\_\_

Other ( ): \_\_\_\_\_

9. PROPOSED USE  
Residential:  
Single family () Multiple-family ( ) Number of Existing Apartments: \_\_\_\_\_  
Two-family ( ) Number of Proposed Apartments: \_\_\_\_\_  
Total Number of Apartments: \_\_\_\_\_

Non-residential: Describe the Products You Will Be Making and Activities You Intend to Conduct.  
Commercial ( ) \_\_\_\_\_

Industrial ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

10. What, if any, Current Uses Will Continue ( List): \_\_\_\_\_

11. Prior Zoning Permits. Has this parcel of land been the subject of any prior Town Zoning Permits or Subdivision Permits? If yes, indicate for what: \_\_\_\_\_  
\_\_\_\_\_

**Proposed Construction Activity**

12. Describe Briefly  
New Construction ( ) \_\_\_\_\_  
Remodeling/Addition () Building Extension on Porch to house Stair Lift  
Has construction started? \_\_\_\_\_ Yes  No. Describe: \_\_\_\_\_

For property within the Design Review & Historic Districts, see Part III for additional information to submit with application.

13. Residential: Current Number of Bedrooms \_\_\_\_\_ Number of bedrooms after remodeling/addition: \_\_\_\_\_

14. Approximate Construction Costs: \_\_\_\_\_

15. SIZE OF PROPOSED STRUCTURE OR ADDITION: Width \_\_\_\_\_ ft. Length \_\_\_\_\_ ft.

- p. ( ) Loading areas
- q. ( ) Pedestrian walks
- r. ( ) All changes to the physical features of the site. Include soil removal or filling areas.

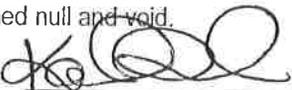
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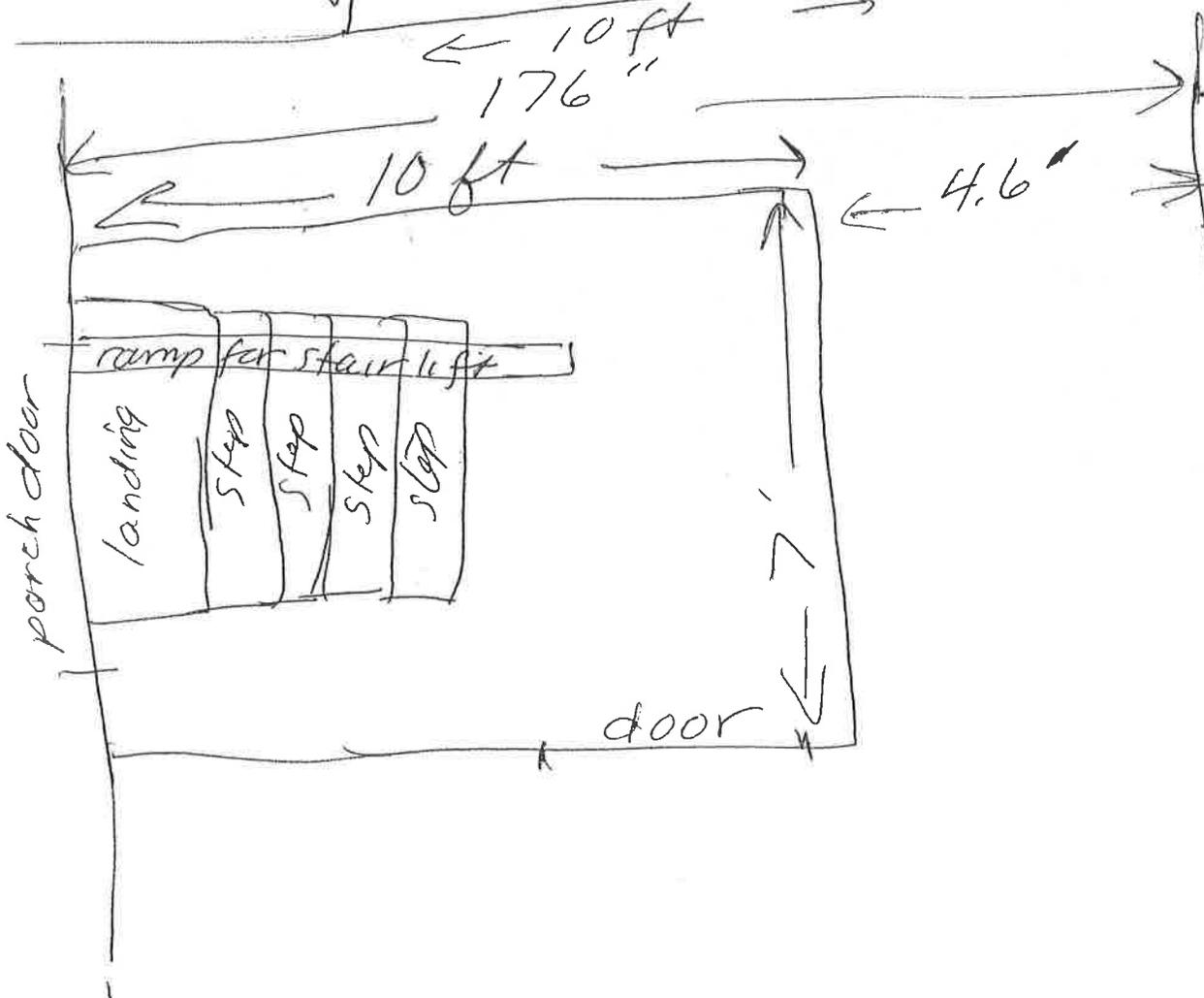
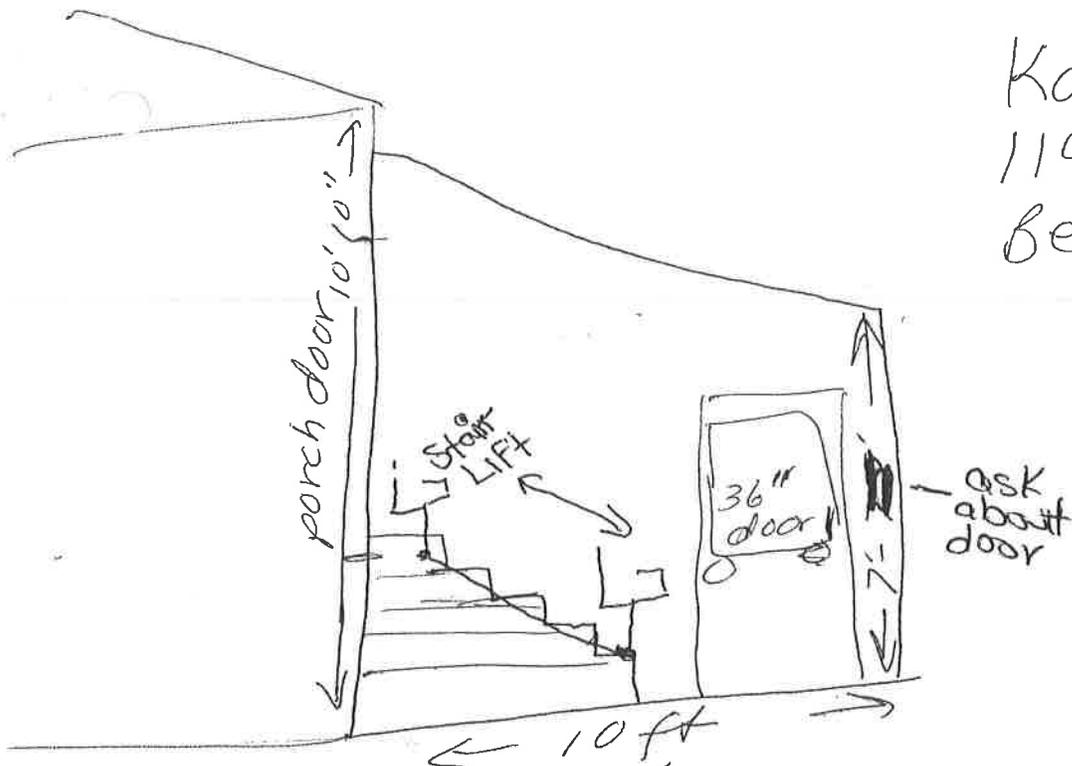
**Signatures**

**Signatures:** All Landowner(s) and Applicant(s) must sign the application.

By signing below, I certify that all information on this application and all supporting forms, plans, and documents are true and accurate and agree that, if any such information is found to be false or misleading, any permit or other approval granted on the basis of such information shall be deemed null and void.

Property Owner(s) Signature(s) <u></u>	Date: <u>9/8/16</u>
_____	Date: _____
_____	Date: _____
Applicant(s) Signature(s) _____	Date: _____
_____	Date: _____
_____	Date: _____

Karlene Desmond  
114 Atkinson St  
Bellows Falls, Vt.  
05101



ATKINSON ST  
GRASS  
SIDEWALK

4265-16



Roof extension comes out 10 feet to shelter stairs and lift. That provides 4.5 feet of space from sidewalk edge to porch extension.