



CITY OF SOUTH BURLINGTON  
ZONING PERMIT APPLICATION

ATTN: Robert Bick

Applicant: HowardCenter, Inc. Application No: 2P-12-292  
[office use only]

Applicant Address: 208 Flynn Ave., Suite 3J, Burlington Daytime phone: 488-6125

Property Street Address: 364 Dorset St., Suite 101, So. Burlington VT 05403

Property Owner: Dorset Street Real Estate Holdings, LLC

Address: c/o So. Burlington Realty, LLC  
P.O. Vox 2204, So. Burlington, VT 05403 Tax Parcel ID No. 0570.00366 C

Parcel Size: 2.3 ac.

1. PROPOSED project including building dimensions (describe): Interior renovations to Suite 101.  
Suite 101 is on the first floor of the building and consists of 9,696 sq.ft.

2. Present use of property (e.g. single family home, garage, commercial building, etc): \_\_\_\_\_  
Medical office (last use)

Present structure(s) on property (describe including dimensions or square footage): \_\_\_\_\_  
\_\_\_\_\_

3. PROPOSED use of property (please describe in detail any change in use of property): \_\_\_\_\_  
Medical use

4. ESTIMATED total cost of improvements: \$ 103,200.00

ATTACH SKETCH PLAN (see attached sketch plan instructions) OR SITE PLAN.

5. Building footprint – i.e. size in sq.ft of main floor of house and all attached and detached structures including enclosed breezeways, garages, and sheds (describe):  
10,000 sq.ft., more or less.

Total square feet of other impervious surfaces on site (i.e. driveways, patios, decks) 84,007 sq.ft. total

**6. APPLICANT/OWNER CERTIFICATION**

The undersigned property owner hereby consents to submit this application and understands that if the application is approved, the Zoning Permit and any attached conditions will be binding on the property

*[Signature]* John G. Jaeger 8/6/2012  
 Property Owner Signature PRINT NAME Date  
 authorized agent

The undersigned applicant hereby affirms that the information presented in this application is true, accurate and complete.

*[Signature]* John Brooklyn 08/06/2012  
 Applicant Signature PRINT NAME Date  
 authorized agent

OFFICE USE ONLY - ADMINISTRATIVE OFFICER ACTION - OFFICE USE ONLY

DATE Received: 8/7/12 FEE Received: \$ 516<sup>00</sup> + PM Identification of zoning district: C02

Identification of proposed use: MEDICAL OFFICE

PROPOSED USE TYPE	<input checked="" type="checkbox"/> Permitted	<input type="checkbox"/> Conditional
Date of SITE PLAN approval/denial	Approval Date _____	Denial Date _____
Date of SUBDIVISION approval/ denial	Approval Date _____	Denial Date _____
Date of CONDITIONAL USE approval/ denial	Approval Date _____	Denial Date _____
Date of appeal VARIANCE approval/ denial	Approval Date _____	Denial Date _____
Date of MISCELLANEOUS approval/ denial	Approval Date _____	Denial Date _____

FINAL ADMINISTRATIVE OFFICER ACTION

APPROVED 8/24/12 *[Signature]*  
 Approval Date Administrative Officer's Signature

Permit EFFECTIVE date 9/9/12 Permit EXPIRATION date 2/19/13

DENIED \_\_\_\_\_ REASON for DENIAL \_\_\_\_\_  
 Denial Date  
 Administrative Officer's Signature

**Notice of Appeal Rights:** Any interested person may appeal this decision by filing a written Notice of Appeal with the clerk of the Development Review Board within fifteen [15] days of the date of this decision. The notice of appeal must be accompanied by a filing fee of \$113.00

This permit does NOT authorize commencement of any development activity approved by the permit until the permit takes effect as set forth above. Site modifications and improvements made prior to this permit becoming effective may be subject to removal and site restoration if a timely appeal is commenced.

The applicant or permittee retains the obligation to identify, apply for, and obtain relevant state permits for this project. Call (802) 879-5676 to speak with the regional Permit Specialist.

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PROPOSED USE TYPE	<input checked="" type="checkbox"/> Permitted	<input type="checkbox"/> Conditional
Date of SITE PLAN approval/denial	Approval Date _____	Denial Date _____
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