



**Development Application**  
 Town of Stowe Zoning Department  
 PO Box 730  
 Stowe VT 05672  
 Voice (802) 253-6141

**Project #**  
 (To be assigned) 6203  
  
**Date Received:** 2/21/20

This form serves as an application for all requested zoning and subdivision reviews.

**Owner Information**

Property Owner: Cassandra and Jon J. Anello  
 Mailing Street Address City, State and Zip: P.O. BOX 1115 Stowe, VT 05672  
 Phone Number: Day: 817-733-5771 Other phone or email: casswalters@gmail.com

**Applicant/Contact Information (Relationship to Owner)**

Owner (If so, skip to site information)     Lessee     Contractor  
 Architect/Designer     Agent for Owner     Under purchase contract  
**All information and correspondence is sent to applicant/contact.**

Contact Name: \_\_\_\_\_  
 Company (if any): \_\_\_\_\_  
 Mailing Street Address City, State and Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Other/Email: \_\_\_\_\_

**Site Information**

Physical Address: 34 Park St Stowe, VT 05672  
 Business (if any): Italian Ice Scoop Shop  
 Tax Map ID: 7A-150.000

**Please briefly describe the project or request below:**

Family owned/operated Italian ice shop. Window/walk-in T.B.D. Dairy-free, gluten-free, no high-fructose corn syrup, cholesterol-free, fat-free, No Sodium. Water-ice made w/ fresh fruit and only the finest, most all-natural ingredients. Provided by distributor.

**For All Approvals:**

The below signed hereby agrees that the proposed work shall be done in accordance with the application, plan, specifications, and other associated documentation and that the work shall conform to all applicable town ordinances and regulations. Signing as an "Agent for Owner" indicates that the person signing has the permission of the owner to act on the owner's behalf. Additional permits may be needed from the State of Vermont and/or the Town of Stowe for development.

Indicate if:  
 Property Owner OR  
 Agent for Owner

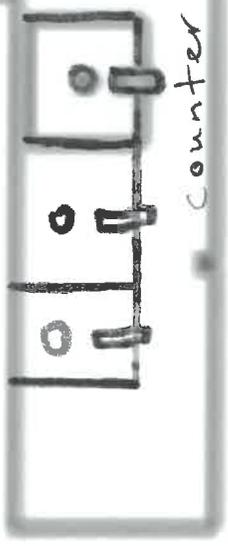
Signature: [Signature]  
 Date: 2/20/20

**Additional application information is required on reverse side: ➔**

**Note: Local Zoning approval does not cover any required state approvals. Wastewater System and Potable Water Supply permits may be required for construction or modifications that change the wastewater flow. Other State permits may be required for certain uses. The applicant is advised to contact a DEC Permit Specialist to discuss the State permit requirements at 802-505-5367.**



10'9" x 6'9"



Dipping Freezer

25'2" x 6'9"

PICK-UP

ORDER



34

# Acorn Italian Ice



Hours of Operation:

Wed - Sun = 11:30 am -  
4:30 pm

Thurs = 11:30 - 8  
(July + Aug)

Employees = 5 - 7

