

Appeal Period Expires 11/13/07  
 Zoning District R2

**Town of Essex, Vermont**  
**Application for Zoning Permit**  
 www.essex.org

Application Date 10/12/07  
 Permit Number 2007-164

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property and it must remain posted throughout the construction period.

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Occupancy of the premises shall not take place until a Certificate of Occupancy is obtained.

Approval is subject to accuracy of information provided by the applicant.

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-047-D22-000  
 (found in Town Assessor's Office)  
 Property Address: 24 Pinecrest Dr.  
 Owner: Tanya Combs  
 Owner Address: 26 Pinecrest Dr  
 Owner Phone: (work) \_\_\_\_\_ (home) 878-7887  
 (cell) \_\_\_\_\_ (Email) \_\_\_\_\_  
 Contractors name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 12/15/07 Completion: 2/14/08  
 Sq. Feet: 864 s.f. Estimated Cost (labor & materials): \$84,000

**B** Sewage Disposal (Please attach Sewer or Septic Application).  
 Public  Private  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

**C** Water (Please attach Water Service Application).  
 Public  Private  Fee \$ \_\_\_\_\_ Date Paid: 1/1

**D** Driveway (Please attach copy of approved Curbcut / Utility Application).  
 Date of approval 1/1 see ZBA approval

**E** Stormwater  
 Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.  
 Project creates new or expands existing impervious surface greater than or equal to 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

**F** Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet. (Instruction sheet available upon request.)  
Renewell 2001-6 and 72 1998  
137-1996 2006-226  
152-1997 2002-193 see side  
237-1999 2003-198 other side  
2004-309  
2005-292 and ATT.

**G** Signature of Owner Tanya Combs

**G**

Check box(es) which describe proposed use or construction (circle choice in parenthesis).  
 N = New A = Addition R = Remodel

<b>Residential:</b>	N	A	R
Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inclusions or Additions:</b>			
Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-residential:</b>			
Commercial / Industrial	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stormwater:</b>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>			
Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Office Use Only**

Fees:	Type	Amount	Date Pd
	Permit	\$ 100	<u>10/12/07</u>
	School	\$ 100	<u>10/12/07</u>
	Recreation	\$	<u>1/1</u>
	Recording	\$ 16	<u>1/1</u>
	Other	\$ 75	<u>1/1</u>

**Building Permit**

Approved  Rejected  Date 10/12/07

Issued to: Tanya Combs

Zoning Administrator: [Signature]

Notes: Retail building  
ZBA Approval 1/5/95  
PL Approval 7/9/94

C.O. Required Yes  No

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE**

Aug 12, 1994 written PC approval for a site plan for a retail building.

Jan 10, 1995 SBA approval to demolish a non-complying building and rebuild in same foot print

It appears a zoning permit renewal was never issued for the year 2000

Refer to section 26.22 (A)(2) permits

Planning Commission approval granted 7-14-94

Zoning Board approved 1-5-95

F Diagram - Provide diagram here and include all setbacks

**Town of Essex**  
**Application for Water Service**

Revised July 2007

The undersigned, being the owner / owner's agent of the property located at:

Street Address: 24 Pinecrest Drive Development: \_\_\_\_\_

Tax Map # 047 Tax Parcel 022 Tax Lot 000

Does hereby request a permit to initiate water service as noted below to serve 1 unit(s)  Residential  Commercial  Industrial structure



Installer / Contractor:

(DALE) Name: BYERS Construction Inc.

Address: 70 Box 199 Fairfax Vt. 05454

Phone: 849-9755

Cell: 373-1572

Property Owner:

Name: TANYA Combs

Address: 26 Pinecrest Drive

Phone: 878-7887

Cell: \_\_\_\_\_

Firm Performing Main Line Tap:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

- 1.) The above requested service includes the installation of a 3/4" x 5/8" water meter for residential use and up to a 2" simple meter for non-residential use. The information necessary to determine the correct meter size shall be supplied by the applicant (minimum to maximum range of use). Meters 5/8", 3/4" and 1" shall be installed by the Town. Meters above 1" shall be installed by the owner/applicant or qualified representative.
- 2.) Property owner / agent is responsible for and must provide all necessary excavation from the main to the building or structure.
- 3.) Property owner / agent agrees to provide the Town a minimum of 24 hours notice prior to installation for inspection purposes. No part of the water line may be covered until it has been inspected by the Town Representative.
- 4.) Property owner / agent agrees to restore all disturbed areas to original condition after the installation of said water service.
- 5.) The water service can be turned on only by an employee of the Town of Essex Water Department.
- 6.) Meter spacers must be obtained from the Town of Essex Water Department.
- 7.) The owner / agent agrees that all installation and work will conform to the Town Public Works Specifications and the Water Ordinance and Regulations of the Town of Essex.

8.) In consideration of water service supplied by the Town of Essex Water Department, I agree to be responsible for payment of all bills rendered and for all water used by me, my tenants, successors in tenancy or in ownership, and all persons at above locations, unless and until proper notice is given to the Town Water Department of termination of service on a specific date. I also agree to abide by all rules and regulations established by the Essex Water Department.

X Signed: Tanya Combes Date: 04-04-08

PLEASE MAKE CHECK PAYABLE TO TOWN OF ESSEX WATER AND SEWER DEPARTMENT.  
DO NOT COMBINE WITH ZONING PERMIT FEE.

All water services are subject to a service initiation fee as set by the Water/Sewer Fee Schedule adopted by the Selectboard. The following fee schedule shall apply to all municipal water connections.

FOR OFFICE USE ONLY:  
\_\_\_\_\_ gallons/day x \$ 4.50 = \$ #150<sup>00</sup> + \$1,000 = \$ \_\_\_\_\_ METER CHARGE

Connection Fee: \$ #150<sup>00</sup> Rcvd by: \_\_\_\_\_ Date: \_\_\_\_\_  Finance Notified

Approved by: AKM Date: 04-07-08  Letter Sent  Finance Notified

Inspected by: EXISTING CONNECTION, CONSTRUCTION FINALLY COMPLETE Date: \_\_\_\_\_  Tie Drawing  Finance Notified

Meter Installed Date: 05-20-08

Master List Updated:  Approved  Inspected  Metered

TO: Zoning Administration / Water/Sewer Bookkeeper

FROM: Public Works Department W/O # \_\_\_\_\_

The following service has been approved: Permit # 2008-###

Date: April 07, 2008

Name: Tanya Combs

Street: 24 Pinecrest Drive

Lot #: 047/022/000

Water       Sewer       Both

Number of Gallons: 200

Initials: AKM

*Note: This service was installed as part of the original building permit back in the 90's. There is no record of connection inspection available.*

**TOWN OF ESSEX**  
**Water and Sewer Department**  
**Water Meter Worksheet**

New Meter Installation

Existing Meter Repair

Existing Meter Inventory

Final Meter Reading

General Account Information	
Account Name:	Date / Time Installed: 5-20-08 230pm
Account Number:	Form Completed By: E Orlu
Book / Sequence:	Head Serial Number: 84441345
Account Address: 24 Pinecrest Drive	Body Serial Number: 84441345

Meter	
Meter Size	<input checked="" type="checkbox"/> 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/> Other: _____
Type of Pipe	<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____
Make of Meter: Neptune Auto	Meter Register: <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Cubic Feet
Final Meter Reading:	Inside: 000000   Outside: 000000

New Meter Installation	
Serial Number: 84441345	Number of Digits: 6
Outside Reader Serial No.: none	Outside Reading: 000000 c/f
Inside Reading: 000000 c/f	Note: Sketch the locations of the inside meter and the outside reader on the space provided on the back of this sheet.

Existing Meter Repair	
Head Replacement: <input type="checkbox"/> YES <input type="checkbox"/> NO	Body Replacement: <input type="checkbox"/> YES <input type="checkbox"/> NO
Reader Replacement: <input type="checkbox"/> YES <input type="checkbox"/> NO	Meter Register: <input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet
Make of Meter: _____	Number of Digits: _____
New Meter Head Serial No.: _____	New Body Serial No.: _____
Inside Reading: _____	Outside Reading: _____