

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) 2-098-004-009
(found in Town Assessor's Office)
Property Address: 18 CARDINAL LN
Owner: PETER SIEGFRIED / JULIANNA SIEGFRIED
Owner Address: 18 CARDINAL LN ESSEX
Owner Phone: (work) 769 1079 (home) 879 6559
(cell) _____ (Email) Peter-Julie@comcast.net
Contractors name: PETER ACTING HOMEOWNER GC Phone: _____ Cell: _____
Estimated Construction Dates: Start: 10/15/07 Completion: 12/15/07
Sq. Feet: 884 Estimated Cost (labor & materials): \$ 20000

G

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

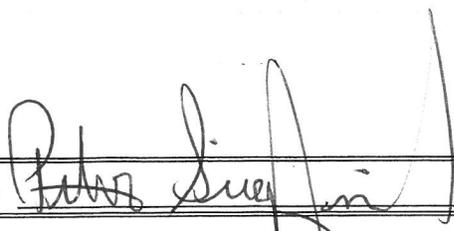
Residential:	N	A	R
Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusions or Additions:			
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"/>
Non-residential:			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater:			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
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"/>

B Sewage Disposal (Please attach Sewer or Septic Application).
Public Private Connection Fee \$ _____ Date Paid: 1/1
Proposed New Bedrooms: 0 Existing Bedrooms _____

C Water (Please attach Water Service Application). n/c
Public Private Fee \$ _____ Date Paid: 1/1

D Driveway (Please attach copy of approved Curbcut / Utility Application).
Date of approval 1/1 n/c

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.)
BASEMENT Remodel


G Signature of Owner Peter Siegfried

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	\$ <u>50</u>	<u>9/14/07</u>
	School	\$ _____	<u>1/1</u>
	Recreation	\$ _____	<u>1/1</u>
	Recording	\$ _____	<u>1/1</u>
	Other	\$ <u>8</u>	<u>9/14/07</u>

Building Permit

Approved Rejected Date 9/17/07
Issued to: Peter & Julianna Siegfried
Zoning Administrator: Boni [Signature]
Notes: Interior Renovations w/ no additional bedrooms
C.O. Required Yes No

CHK #1084 GDR

F Diagram -- Provide diagram here and include all setbacks

