Appeal Period Expires 5/19/21
Zoning District R2

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

Application Date __/__/__
Permit Number 2021-81

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 during the appeal period and it must remain posted throughout the construction period. **You are required to contact the necessary state agencies to obtain state permits @ 477-2241 (Jeff McMahon, Permit Specialist).**

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.

Signed: Verbalized DMS

A

Parcel Account Numb. (Map-Parcel-Lot) 2- 039-001-005
(found in Town Assessor's Office)

Property Address : 2 Sage Circle Essex

Owner: Rachael B + Michael M Lizotte

Owner Address: 2 Sage Circle

Owner Phone: ~~(work)~~ 802-238-3529 cell - Mike (home) ____

(cell) 617-645-0539 cell (Email) RBKARP@gmail.com

Contractors name: Rachael Phone: ____

Cell: ____

Estimated Construction Dates: Start: 6/1/21 Completion: 6/2/21

Sq. Feet: 80 Estimated Cost (labor & materials): $ 3500

B

Sewage Disposal (Please attach Sewer or Septic Application).

Public ☒ Private ☐ Connection Fee $____ Date Paid: __/__/__

Proposed New Bedrooms: 0 Existing Bedrooms ____

C

Water (Please attach Water Service Application).

Public ☒ Private ☐ Fee $____ Date Paid: __/__/__

D

Driveway (Please attach copy of approved Curbcut / Utility Application).

Date of approval __/__/__ Existing

E

Stormwater N/A

☐ 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 ½ 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.

G

Signature of Tenant and Signature of Owner R Lizotte 4/26/21

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

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

Office Use Only

Fees: Type	Amount	Date Pd
Permit	$ 50-	__/__/__
Recreation	$	5/3/21 DMS
Recording	$ 15-	__/__/__
Certificate of Occ	$	__/__/__
Other	$	__/__/__

Building Permit

Approved ☒ Rejected ☐ Date 5/4/2021

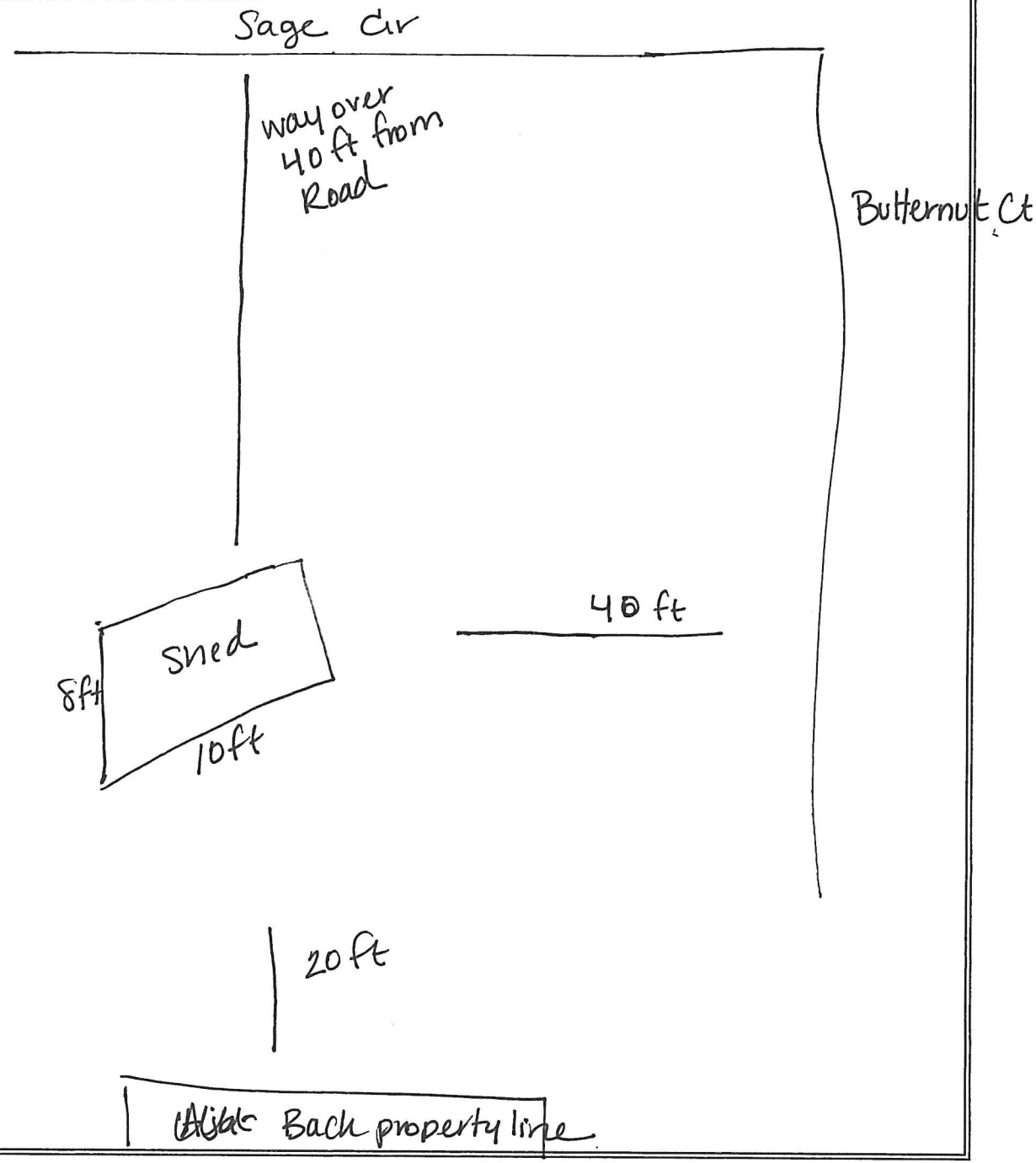
Issued to: R+M Lizotte

Zoning Administrator: Shannon Kelly

Notes: ____

C.O. Required Yes ☐ No ☒

02/13/17

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

F **Diagram** – Provide diagram here and include all setbacks