

Appeal Period Expires <u>2/7/2020</u> Zoning District <u>CTR</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>1/23/20</u> Permit Number <u>2020-13</u>
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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: [Signature]

A

Parcel Account Numb. (Map-Parcel-Lot) 2-058-018-000
(found in Town Assessor's Office)

Property Address: 5 TOWERS ROAD

Owner: TOWN of ESSEX - c/o Evan Teich, Mayor

Owner Address: 81 MAIN STREET

Owner Phone: (work) 878-1341 (home) _____
 (cell) _____ (Email) _____

Contractors name: self Phone: _____
Contact Tom Yankow Cell: 585-5883

Estimated Construction Dates: Start: 2/1/2020 completion: 2/28/2020

Sq. Feet: 1750 FT Estimated Cost (labor & materials): \$4500.00

G

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

N = New A = Addition R = Remodel

<i>Residential:</i>	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"/>
<i>Inclusions or Additions:</i>			
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"/>
<i>Non-residential:</i>			
Commercial/Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stormwater:</i>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			
Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

add kitchenette to memorial Hall

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/ NA

E

Stormwater NA

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. SEE ATTACHED

G

see attached floor plan

Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ _____	<u>1/23/20</u>
Recreation		\$ _____	<u>1/23/20</u>
Recording		\$ _____	<u>1/23/20</u>
Certificate of Occ		\$ _____	<u>1/23/20</u>
Other		\$ _____	<u>1/23/20</u>

Building Permit

Approved Rejected Date 1/23/2020

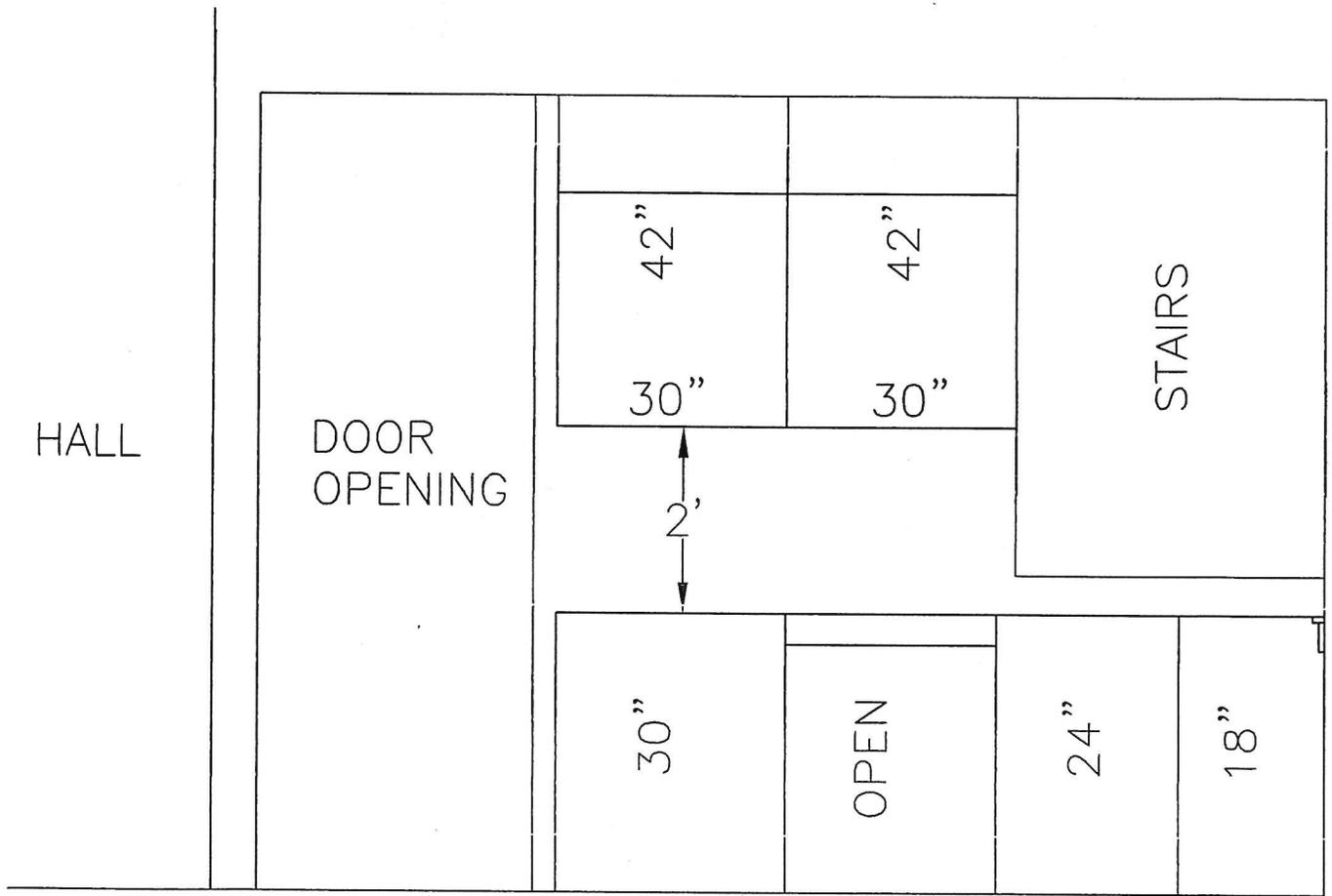
Issued to: Town of Essex

Zoning Administrator: [Signature]

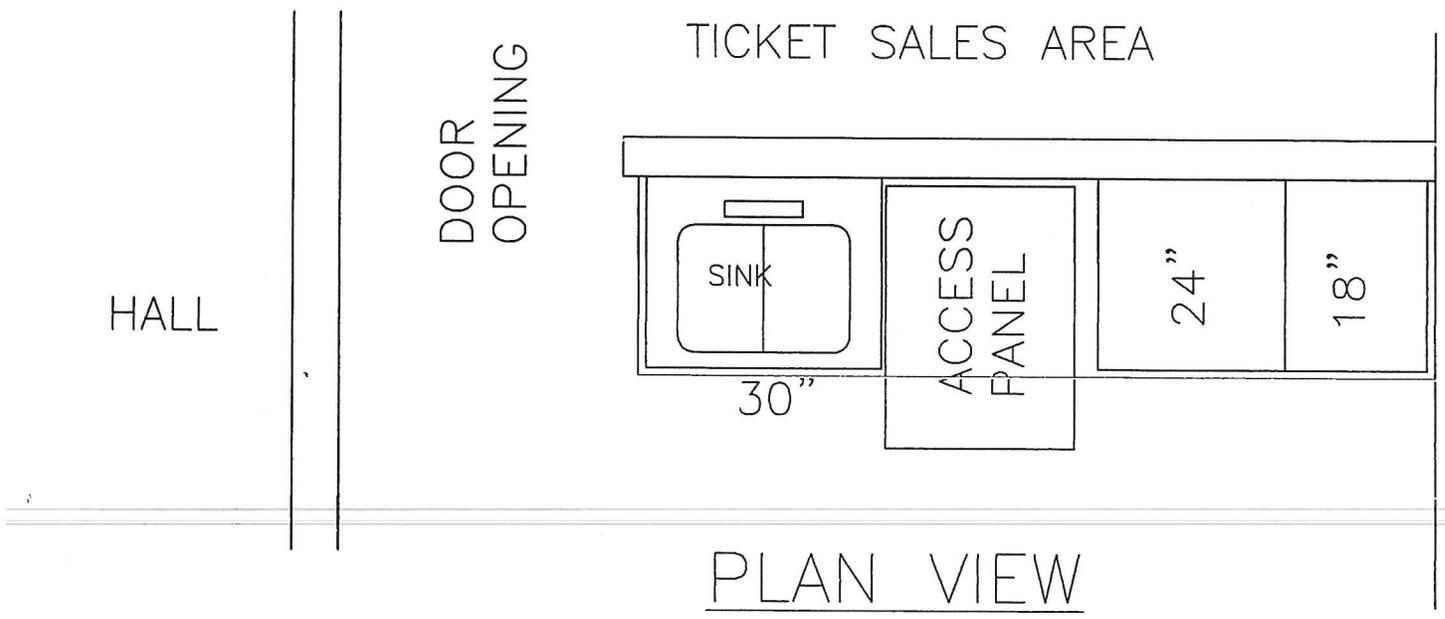
Notes: _____

C.O. Required Yes No

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



SIDE VIEW



PLAN VIEW