

Appeal Period Expires 2/26/2020 **Town of Essex, Vermont** Application Date 2/11/2020
 Zoning District R2 **Application for Zoning Permit** Permit Number 2020-020
 www.essex.org

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: William LeGrande Applicant

A Parcel Account Numb. (Map-Parcel-Lot) 2- 038-008-040
 (found in Town Assessor's Office)
 Property Address: 15 Hillside Circle Essex, VT
 Owner: Heather Burnett-LeGrande + William LeGrande
 Owner Address: 15 Hillside Circle Essex, VT
 Owner Phone: (work) 802-581-010 (home) 802-871-5901
 (cell) 802-734-7187 (Email) heather.legrande@gmail.com
 Contractors name: William LeGrande Phone: _____
 Cell: 802-355-7428
 Estimated Construction Dates: Start: 2/25/20 Completion: 2/25/21
 Sq. Feet: 750 Estimated Cost (labor & materials): \$ 4500

G

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

Residential:	N	A	R
Single Family <u>basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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: 1 Existing Bedrooms 3

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/ Existing

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.
n/a

F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

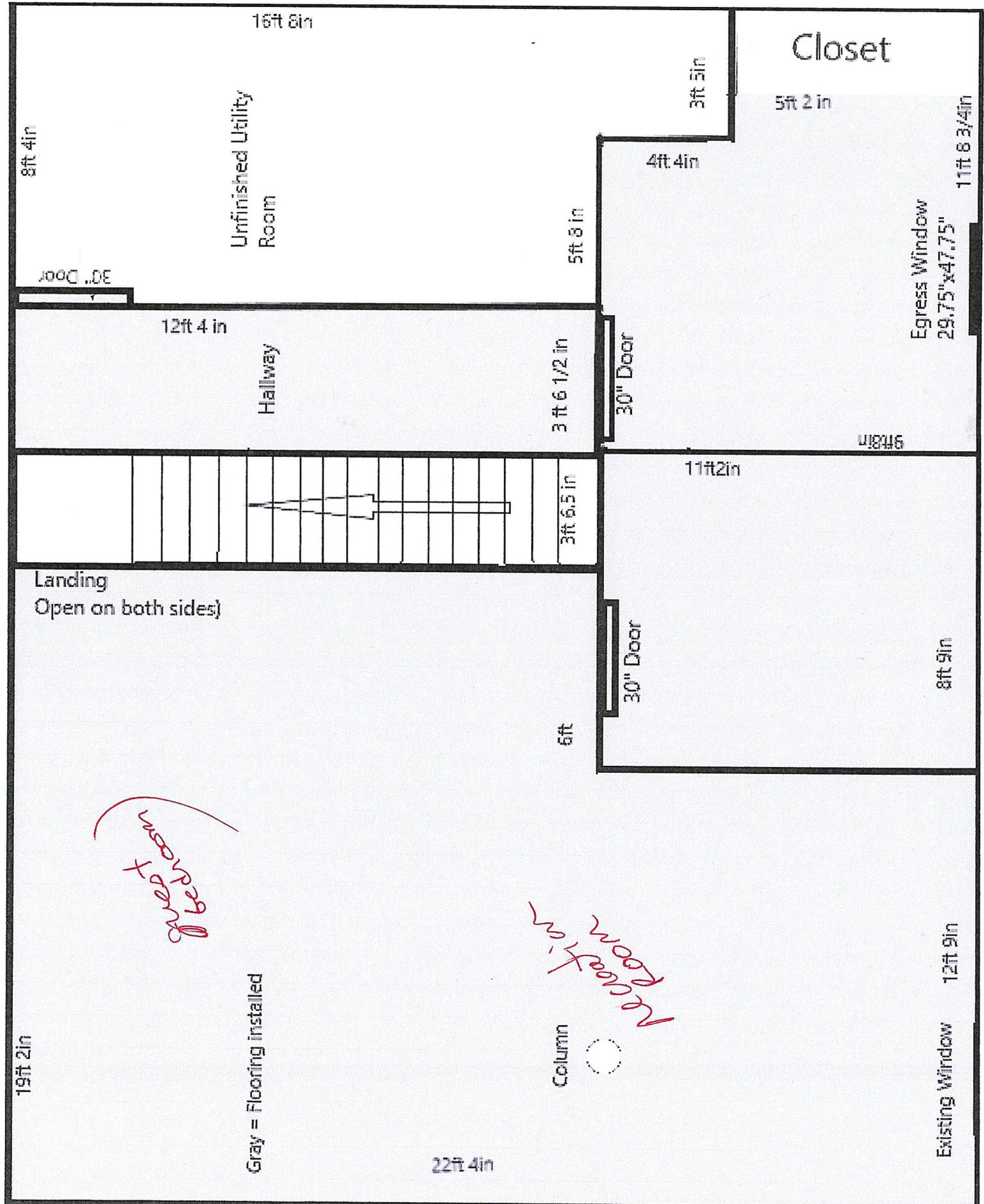
G see attached.
 Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>50.-</u>	<u>2/11/20</u>
Recreation		\$ _____	
Recording		\$ <u>15.00</u>	<u>pp 2/11/20</u>
Certificate of Occ		\$ _____	
Other		\$ _____	

Building Permit Approved Rejected Date 2/11/2020
 Issued to: Wm. LeGrande + H. Burnett-LeGrande
 Zoning Administrator: Shirley L. Kelley
 Notes: reference pit # 86-1990
(new SFH - 3 bed room)
Energy info given
 C.O. Required Yes No

Frame
Sheetrock
Flooring
Ceiling
(insulate)



Bedroom

Bedroom

Gray = Flooring installed

Column

Existing Window

12ft 9in

22ft 4in

6ft

30" Door

8ft 9in

11ft 2in

3ft 6.5 in

9ft 8in

30" Door

3ft 6 1/2 in

12ft 4 in

Hallway

4ft 4in

5ft 8 in

Closet

5ft 2 in

11ft 8 3/4 in

Egress Window
29.75" x 47.75"

3ft 5in

8ft 4in

Unfinished Utility
Room

16ft 8in

30" Door

19ft 2in

Landing
Open on both sides