

Appeal Period Expires 1/17/20
 Zoning District R2

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

Application Date 12/31/19
 Permit Number 2020-003

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: BTM

A Parcel Account Numb. (Map-Parcel-Lot) 2-044-012-000
 (found in Town Assessor's Office)
 Property Address: 43 Foster Road
 Owner: Gabriel + Rachael Taylor-Marsh
 Owner Address: 43 Foster Road
 Owner Phone: (work) _____ (home) _____
 (cell) (310) 936-7865 (Email) _____
 Contractors name: Gary Crowley Phone: (802) 3437080
 Cell: _____
 Estimated Construction Dates: Start: 01/30/20 Completion: 02/15/20
 Sq. Feet: _____ Estimated Cost (labor & materials): \$6,000.

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 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"/>
<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 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). N/A
 Public Private Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms 5 -> 4 bdr

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

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

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 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. Attached

G Remove wall to combine two bedrooms into one.
 Signature of Tenant and Signature of Owner BTM

Office Use Only

Fees	Type	Amount	Date Pd.
Permit		\$ <u>50</u>	<u>12/31/19</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>15</u>	<u>12/31/19</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 1/2/20
 Issued to: G + R Taylor-Marsh
 Zoning Administrator: Sharon Kelly
 Notes: _____
 C.O. Required Yes No

*01/21/20
 CC in
 Tandems
 10/28*

SKETCH/AREA TABLE ADDENDUM

Parcel No 2044012000

Property Address 43 Foster Rd

City Essex (Town)

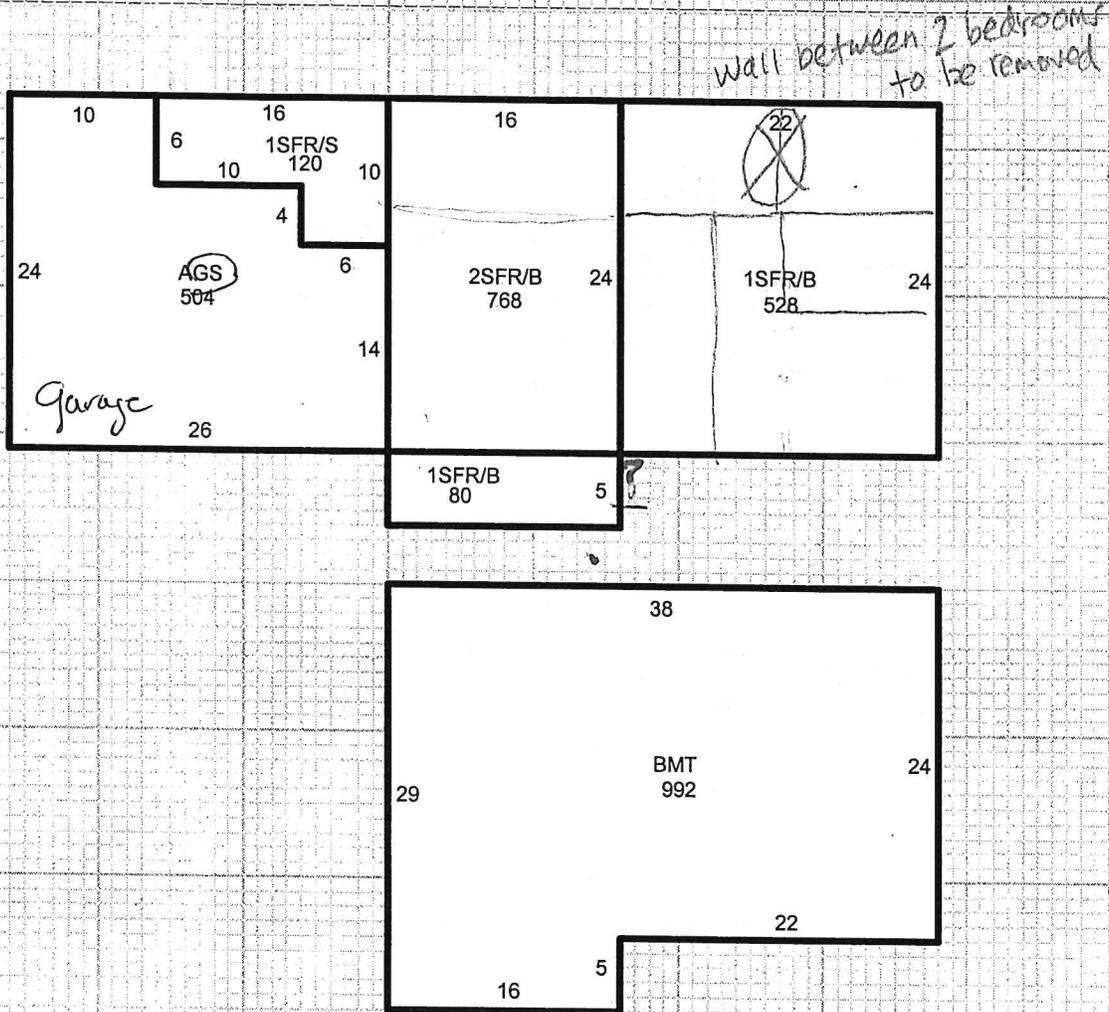
State VT

Zip 05452

Owner

Client

Appraiser Name



Scale: 1" = 13'

AREA CALCULATIONS SUMMARY

Code	Description	Factor	Net Size	Perimeter	Net Totals
1FL1	1SFR/B	1.00	528	92	
	1SFR/S	1.00	120	52	
	1SFR/B	1.00	80	42	728
1FL5	2SFR/B	2.00	768	80	768
1BS	BMT	1.00	992	134	992
GAR11	AGS	1.00	504	100	504
Net BUILDING Area (rounded w/ factors)					1496

Comment Table 1

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Comment Table 2

Comment Table 3

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AREA CALCULATIONS

SUBJECT

IMPROVEMENTS SKETCH