

Appeal Period Expires 2/21/2020  
 Zoning District FR

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

Application Date 2/4/20  
 Permit Number 2020-019

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: Nick Lockwood

**A**

Parcel Account Num. (Map-Parcel-Lot) 2-011-067-000  
 (found in Town Assessor's Office)

Property Address: 15 Essex Highlands  
 Owner: Nick & Jennifer Lockwood

Owner Address: same

Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) \_\_\_\_\_ (Email) \_\_\_\_\_

Contractors name: Laurens Certified Const. Phone: 862-4754  
 Cell: 578-2331

Estimated Construction Dates: Start: 2/20/20 Completion: 3/20/20

Sq. Feet: 104 sf. Estimated Cost (labor & materials): \$33,920  
Existing

**B**

Sewage Disposal (Please attach Sewer or Septic Application)

Public  Private  Connection Fee \$ \_\_\_\_\_ Date Paid: EXISTING

Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms: \_\_\_\_\_

**C**

Water (Please attach Water Service Application).

Public  Private  Fee \$ \_\_\_\_\_ Date Paid: Existing

**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 Nick Lockwood

**G**

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

N = New A = Addition R = Remodel

<u>Residential</u>			
Single Family	<input checked="" 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"/>
<b>Inclusions or Additions:</b>			
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"/>
<b>Non-residential:</b>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stormwater:</b>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>			
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"/>

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>8480</u>	<u>2/11/20</u>
Recreation		\$ _____	
Recording		\$ <u>15.00</u>	<u>2/11/20</u>
Certificate of Occ		\$ _____	
Other		\$ _____	

**Building Permit**

Approved  Rejected  Date 2/6/2020

Issued to: Nicholas + Jennifer Lockwood

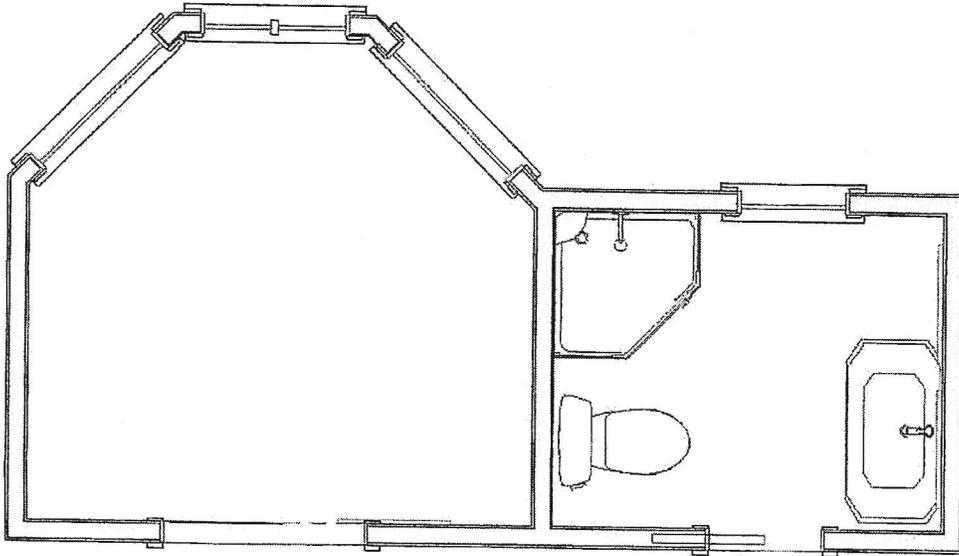
Zoning Administrator: Sharon L. Kelley

Notes: \_\_\_\_\_

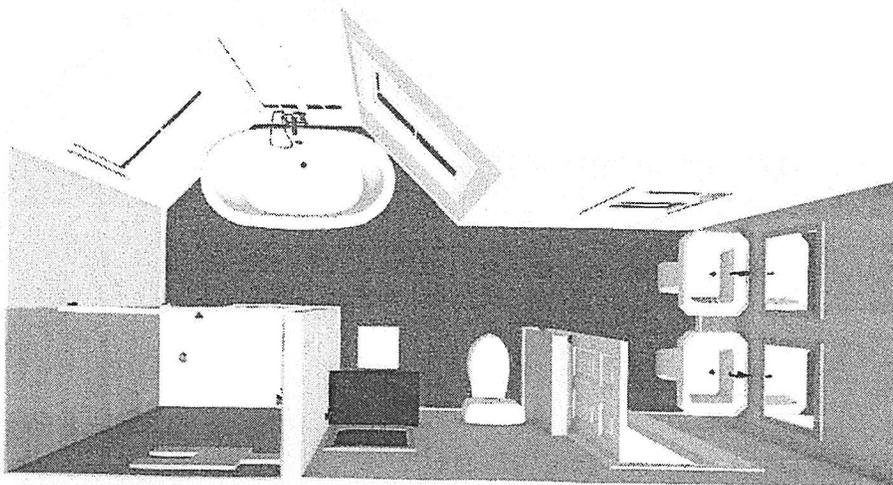
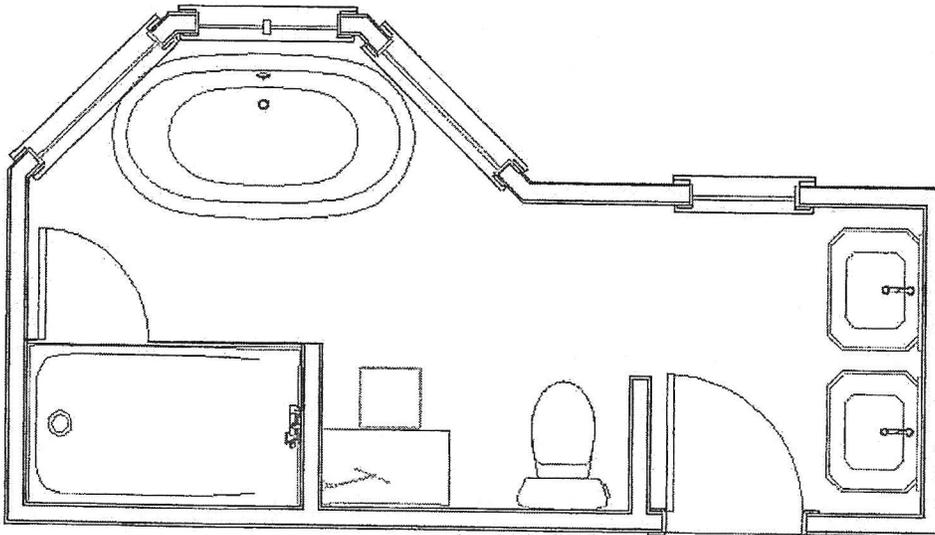
C.O. Required Yes  No

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

BEFORE



AFTER



P-1

SHEET:

SCALE:

DATE:

2/6/2020

DRAWINGS PROVIDED BY:  
LAURIE'S CERTIFIED CONSTRUCTION

LOCKWOOD MASTER  
BATH

REVISION TABLE		
NUMBER	DATE	DESCRIPTION