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Appeal Period Expires <u>6.5.20</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>5.19.2020</u> Permit Number <u>2020-87</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: _____

A	Parcel Account Numb. (Map-Parcel-Lot) 2- <u>011-002-000</u> (found in Town Assessor's Office) Property Address: <u>El Chapin RD</u> Owner: <u>JASON D. LEAGE</u> Owner Address: <u>El Chapin RD</u> Owner Phone: (work) _____ (home) _____ (cell) <u>802-238-3781</u> (Email) _____ Contractors name: <u>Derek Dean</u> Phone: _____ <u>SpineRep11@gmail.com</u> Cell: <u>802-598-1746</u> Estimated Construction Dates: Start: <u>7.10.2020</u> Completion: <u>1.1.2021</u> Sq. Feet: <u>32x36</u> Estimated Cost (labor & materials): <u>\$25K</u>	G Check box(es) which describe proposed use or construction (circle choice in parenthesis). N = New A = Addition R = Remodel 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 ☐ ☐ ☐																							
B	Sewage Disposal (Please attach Sewer or Septic Application). Public ☐ Private ☒ Connection Fee \$ _____ Date Paid: <u>1/1/</u> Proposed New Bedrooms: _____ Existing Bedrooms _____																								
C	Water (Please attach Water Service Application). Public ☐ Private ☒ Fee \$ _____ Date Paid: <u>1/1/</u>																								
D	Driveway (Please attach copy of approved Curbcut / Utility Application). Date of approval <u>1/1/</u>																								
E	Stormwater <u>N/A</u> ☐ 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.																								
G	Office Use Only <table border="1"><thead><tr><th>Fees</th><th>Type</th><th>Amount</th><th>Date Pd</th></tr></thead><tbody><tr><td>Permit</td><td></td><td>\$ <u>107.50</u></td><td><u>5.19.20</u></td></tr><tr><td>Recreation</td><td></td><td>\$ _____</td><td><u>5.19.20</u></td></tr><tr><td>Recording</td><td></td><td>\$ <u>15</u></td><td><u>1/1/</u></td></tr><tr><td>Certificate of Occ</td><td></td><td>\$ _____</td><td><u>1/1/</u></td></tr><tr><td>Other</td><td></td><td>\$ _____</td><td><u>1/1/</u></td></tr></tbody></table> Building Permit Approved ☒ Rejected ☐ Date <u>5.21.20</u> Issued to: <u>Jason D. Leage</u> Zoning Administrator: <u>Shawn L. Kelley</u> Notes: <u>no construction on easements had to keep distance setbacks from water</u> C.O. Required ☒ Yes ☐ No ☐	Fees	Type	Amount	Date Pd	Permit		\$ <u>107.50</u>	<u>5.19.20</u>	Recreation		\$ _____	<u>5.19.20</u>	Recording		\$ <u>15</u>	<u>1/1/</u>	Certificate of Occ		\$ _____	<u>1/1/</u>	Other		\$ _____	<u>1/1/</u>
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THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

09/21/15



