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Appeal Period Expires 5/23/20
Zoning District R2

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

Application Date 5/16/2020
Permit Number 2020-17

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- 056-094-000
(found in Town Assessor's Office)
Property Address: 16 Center Road, Essex, VT 05452
Owner: Roy & Julia M. Solfisburg, II
Owner Address: 16 Center Road, Essex, VT 05452
Owner Phone: (work) _____ (home) _____
(cell) 312-610-0305 (Email) rjburg4@gmail.com
Contractors name: Don King Phone: _____
FOR Asphalt Paving
He said between mid-May to mid-June. Cell: 802-232-5196
Estimated Construction Dates: Start: 5/15/2020 Completion: 6/15/2020
Sq. Feet: 3911 Estimated Cost (labor & materials): \$ 7700

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 checked="" type="checkbox"/>
Deck	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pool (in) (above) ground <u>only</u>	<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).
Public Private Connection Fee \$ _____ Date Paid: / /
Proposed New Bedrooms: _____ Existing Bedrooms _____

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

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

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.

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

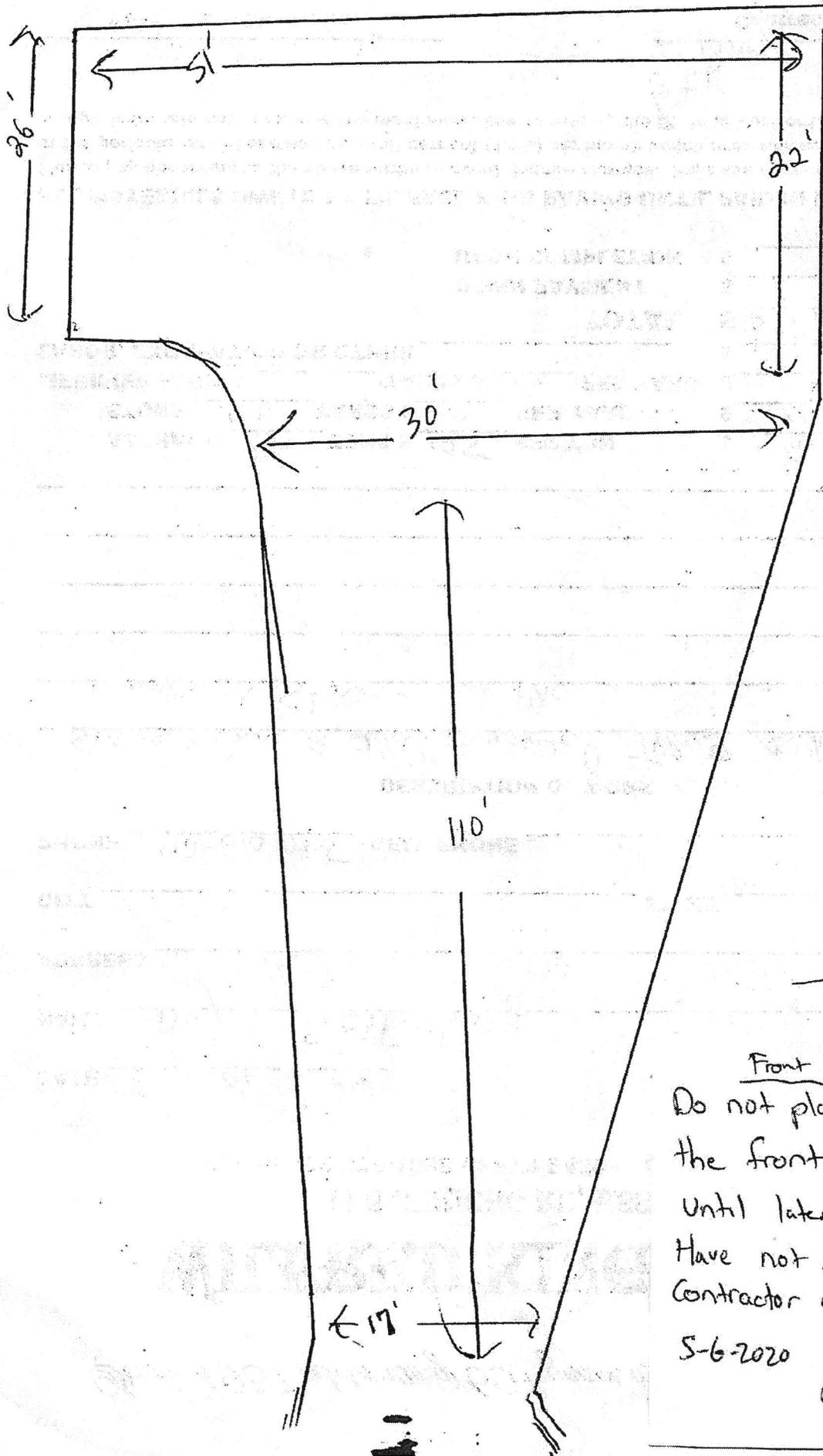
G see attached

Signature of Tenant and
Signature of Owner [Signature]

Office Use Only			
Fees:	Type	Amount	Date Pd
Permit		\$ <u>50</u>	<u>5/17/20</u>
Recreation		\$ _____	_____
Recording		\$ <u>15</u>	_____
Certificate of Occ		\$ _____	_____
Other		\$ _____	_____
Approved <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Date <u>5/8/20</u>			
Issued to: <u>R. + J. Solfisburg II</u>			
Zoning Administrator: <u>Sharon Kelly</u>			
Notes: _____			
C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

on file

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



1870

715

1326

39.11 SF

Front Porch

Do not plan on fixing
the front porch ceiling
until later this summer.
Have not spoken to a
contractor at this time.

5-6-2020

R. S. [Signature]