

Appeal Period Expires <u>6/24/19</u> Zoning District <u>R2</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>1/1/19</u> Permit Number <u>2019-147</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: [Signature]

A

Parcel Account Numb. (Map-Parcel-Lot) 2-062-003-706
(found in Town Assessor's Office)

Property Address: 2 Greenfield rd ext unit G16 Essex Junction

Owner: Andrew E. Tinker & Jordan P. Tinker

Owner Address: 2 Greenfield rd ext unit G16 Essex Junction

Owner Phone: (work) _____ (home) _____
(cell) (603) 459 4407 (Email) _____

Contractors name: _____ Phone: _____

Estimated Construction Dates: Start: 2017 Completion: 2017

Sq. Feet: _____ Estimated Cost (labor & materials): \$ < 20K

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	<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 checked="" type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Basic down wall + put in in kitchen/dining area

B

Sewage Disposal (Please attach Sewer or Septic Application).

Public Private Connection Fee \$ _____ Date Paid: 1/1/19

Proposed New Bedrooms: 1 Existing Bedrooms: 1

C

Water (Please attach Water Service Application).

Public Private Fee \$ _____ Date Paid: 1/1/19

D

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

Date of approval 1/1/19

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

After the fact

Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>50</u>	<u>1/1/19</u>
Recreation		\$ _____	<u>1/1/19</u>
Recording		\$ <u>1500</u>	<u>1/1/19</u>
Certificate of Occ		\$ _____	<u>1/1/19</u>
Other		\$ _____	<u>1/1/19</u>

Approved Rejected Date 8/9/19

Issued to: S + A. Tinker

Zoning Administrator: [Signature]

Notes: Check with State on supporting wall removal

C.O. Required Yes No

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