

Appeal Period Expires 10/18/18  
 Zoning District RR

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

Application Date 1/1  
 Permit Number 2018-218

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) 2-014-039-007  
 (found in Town Assessor's Office)  
 Property Address: 151 TOWERS RD  
 Owner: DAVID & ANNE MARIE BRUND  
 Owner Address: 151 TOWERS RD  
 Owner Phone: (work) \_\_\_\_\_ (home) 802-878-2738  
 (cell) 802-999-2494 (Email) VTWINDAWHERY@AOL.COM  
 Contractors name: Marie SELF Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 11/1/18 Completion: 1/1/19  
 Sq. Feet: 216 Estimated Cost (labor & materials): \$ 5600

**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 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 <u>12x18</u>	<input checked="" 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"/>

**B** Sewage Disposal (Please attach Sewer or Septic Application).  
 Public  Private  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

**C** Water (Please attach Water Service Application).  
 Public  Private  Fee \$ \_\_\_\_\_ Date Paid: 1/1

**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.

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

**G** OVER  
 Signature of Tenant and Signature of Owner David Brund

**Office Use Only**

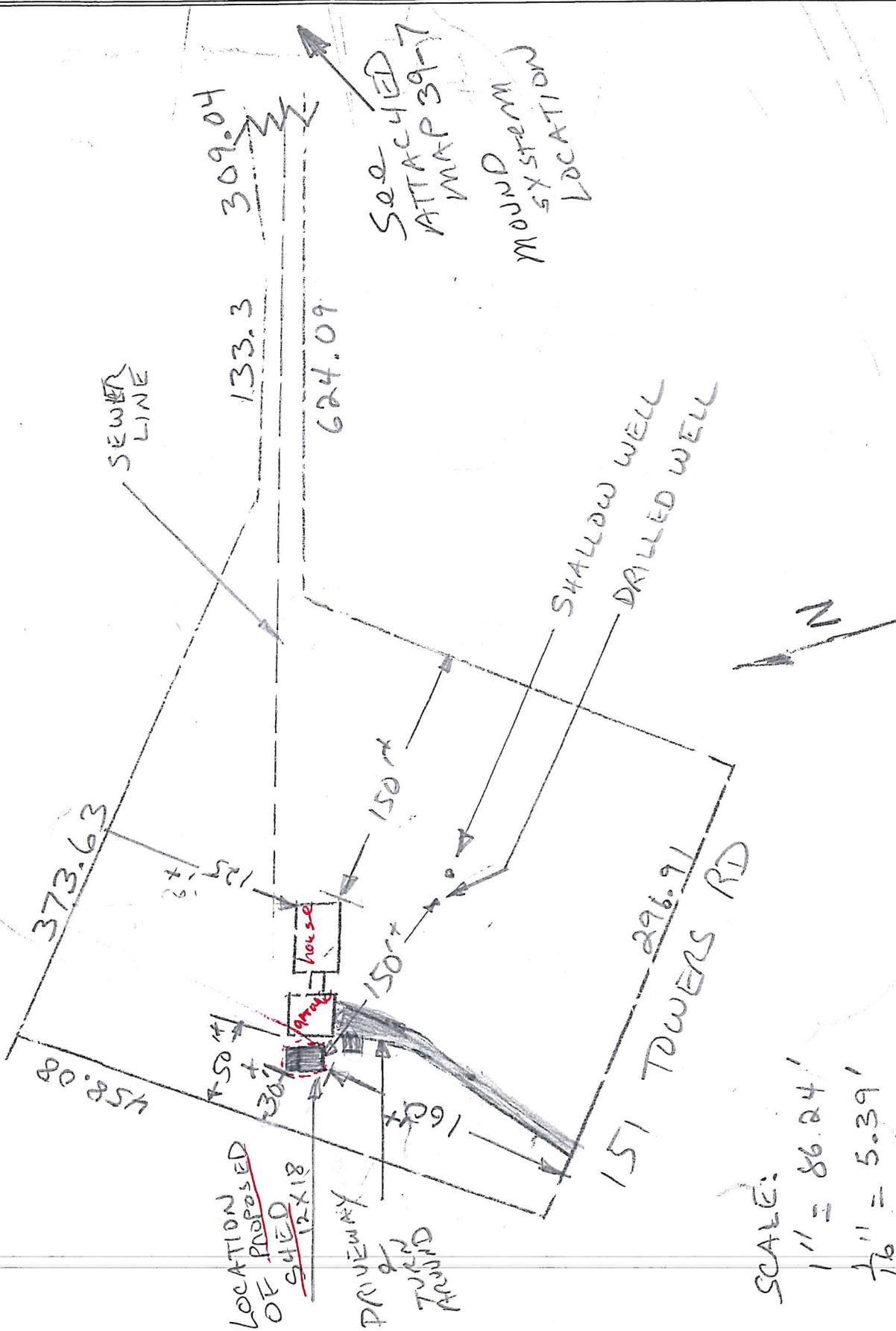
Fees	Type	Amount	Date Pd.
Permit		\$ <u>50</u>	<u>10/3/18</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>10</u>	<u>1/1</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

**Building Permit**  
 Approved  Rejected  Date 10/3/18  
 Issued to: D. & A. Brund  
 Zoning Administrator: Theresa Kelly  
 Notes: \_\_\_\_\_  
Gave Residential Energy Code  
 C.O. Required Yes  No

Pd By  
 CK # 169  
 10-3-18

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

F Diagram - Provide diagram here and include all setbacks



septic / lines well  
house + proposed shed location  
AR 20' side  
25' rear

See ATTACHED MAP 39-7  
MOUND SYSTEM LOCATION



TOWERS RD

SCALE:  
1" = 86.24'  
1/16" = 5.39'

LOCATION OF PROPOSED SHED 12x18  
DRIVEWAY  
MOUND

SEWER LINE

SHALLOW WELL  
DRILLED WELL

151 TOWERS RD

10

36-1

11-10

TRUE TOWERS ROAD  
WATTS ROAD

LOCATION OF GUTTER MOUND SYSTEM

39-7

39-4

39-9

39-2

39-10

43-2

40

38-1

2

4

5

7

8

9

COL PAGE ROAD

