

Appeal Period Expires 9/3/24  
 Zoning District R2

**Town of Essex, Vermont**  
**Application for Zoning Permit**  
 (Building Permit)

Application Date 8/15/24  
 Permit Number 2024-156

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
- Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.
- Call the Assessor at 878-1345 to schedule a re-assessment upon completion of work.
- Provide a diagram showing proposal and any easements, well or septic locations, etc.

**SIGN HERE:** William T. Motaiff Glenn Motriff

**Parcel Account Numb. (Map-Parcel-Lot)** 2-050-023-000

**Property Address:** 10 TANGLEWOOD DR, ESSEX

**Owner:** WILLIAM T. & ILOVA MOTSIFF

**Owner Address:** 10 TANGLEWOOD DR, ESSEX

**A Owner Phone: (work)** 802-878-4006 (Cell) 802-829-7326  
 (Email) WMOTSIFF@AOL.COM

**Tenants name:** NO TENANT Phone: \_\_\_\_\_  
 (or contractor) Landowner Cell: \_\_\_\_\_

**Estimated Construction Dates:** Start 09/03/24 Completion: 09/13/25

**Sq. Feet:** NA **Estimated Cost (labor & materials):** \$ 10,000

**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 checked="" 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"/>

**B Sewage Disposal (Please attach Sewer and/or State Septic Approval).**

Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1

Proposed New Bedrooms: 0 Existing Bedrooms 3

**C Water (Please attach Water Service Application if applicable).**

Public  Well  Fee \$ \_\_\_\_\_ Date Paid: 1/1

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

Date of approval: 1/1 Existing w/lr

**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**

REMOVE EXISTING HOUSE SHINGLES, REPLACE WITH VINYL SIDING.

Signature of Tenant and Signature of Owner William T. Motaiff Glenn Motriff

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75.00</u>	<u>8/15/24</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>15.00</u>	<u>8/15/24</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

**Building Permit**

Approved  Rejected  Date 8/19/24

Issued to: WT + I MOTSIFF

Zoning Administrator: Shawn Kelley

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

C.O. Required (Certificate of Occupancy) Yes  No

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE  
 RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**