

Appeal Period Expires <u>6/13/24</u> Zoning District <u>R2/I/C2</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>5/28/24</u> Permit Number <u>2024-59</u>
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- 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:**

A Parcel Account Numb. (Map-Parcel-Lot) 2-009-004-004

Property Address : 86 Susie Wilson Rd Essex Jct

Owner: Timothy Stratz + Tiffany Stratz

Owner Address: 86 Susie Wilson Rd Essex Jct

Owner Phone: (work) 802 777 6938
 (Email) Tim.Stratz@gmail.com

Tenants name: Tim + Tiffany Stratz Phone: _____
 (or contractor) Cell: _____

Estimated Construction Dates: Start: 6/15/24 Completion: / /

Sq. Feet: 320 Estimated Cost (labor & materials): \$ 5,000

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 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 checked="" 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 and/or State Septic Approval).

Public Septic Connection Fee \$ _____ Date Paid: / /

Proposed New Bedrooms: 0 Existing Bedrooms 4

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

Public Well Fee \$ _____ Date Paid: / /

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

Date of approval : / / existing w/a

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.

see attached

Signature of Tenant and Signature of Owner

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>5/28/24</u>
Recreation		\$ _____	<u> / / </u>
Recording		\$ <u>15</u>	<u>6/28/24</u>
Certificate of Occ		\$ _____	<u> / / </u>
Other		\$ _____	<u> / / </u>

Building Permit

Approved Rejected Date 5/29/24

Issued to: Tim + Tiffany Stratz

Zoning Administrator: Sharon Kelley

Notes: lot resubmitted from Pease subdivision
* PC: 2020-14, 84 Susie Wilson Rd

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

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

F Diagram - Provide diagram here and include all setbacks

