

Appeal Period Expires 6/13/24  
 Zoning District R2

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

Application Date 1/1  
 Permit Number 2024-91

- 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:** [Signature]

**A** Parcel Account Numb. (Map-Parcel-Lot) 2- 100-001-027  
 Property Address: 24 Stannard Drive  
 Owner: Stephen & Elizabeth Roberts  
 Owner Address: 24 Stannard Dr  
 Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) (802) 734-9996 (Email) libstere@comcast.net  
 Tenants name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 06/24/24 Completion: 07/30/24  
 Sq. Feet: 40 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

<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 checked="" 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 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"/>

*see other side*

**B** Sewage Disposal (Please attach Sewer or Septic Application).  
 Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1  
 Proposed New Bedrooms: 0 Existing Bedrooms 2

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

**D** Driveway (Please attach copy of approved Curbcut / Utility Application).  
 Date of approval 1/1

**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** Signature of Tenant and Signature of Owner  
[Signature]  
[Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75.00</u>	<u>1/1</u>
Recreation		\$ _____	
Recording		\$ <u>15.00</u>	<u>5/29/24</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Approved  Rejected  Date 5/29/24  
 Issued to: S. & E Roberts  
 Zoning Administrator: Sharon Kelley  
 Notes: improvements for wheelchair accessibility.  
 C.O. Required Yes  No

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

