

Appeal Period Expires <u>9/10/24</u> Zoning District <u>R1</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>1/1</u> Permit Number <u>2024-165</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:** Max Menken

A Parcel Account Numb. (Map-Parcel-Lot) 2- 010-070-303

Property Address : 50 SMOKE BUSH LANE

Owner: ELIZABETH SHELLEY

Owner Address: 50 SMOKE BUSH LANE

Owner Phone: (work) _____ (home) _____
 (cell) 802-598-2705 (Email) _____

Tenants name: MAX MENKEN Phone: 973-580-0618

Contractor _____ Cell: _____

Estimated Construction Dates: Start: 9/16/24 Completion: 10/31/24

Sq. Feet: 1200 Estimated Cost (labor & materials): \$40,000

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 checked="" type="checkbox"/>
Mobile home <u>Finish</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inclusions or Additions: <u>Basement</u></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"/>

B Sewage Disposal (Please attach Sewer or Septic Application).

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

Proposed New Bedrooms: 0 Existing Bedrooms 3

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 See attached

Signature of Tenant and Signature of Owner Elizabeth Shelley

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	\$ <u>108</u>	<u>8/23/24</u>
	Recreation	\$ _____	<u>1/1</u>
	Recording	\$ <u>15</u>	<u>8/23/24</u>
	Certificate of Occ	\$ _____	<u>1/1</u>
	Other	\$ _____	<u>1/1</u>

Building Permit

Approved Rejected Date 8/22/24

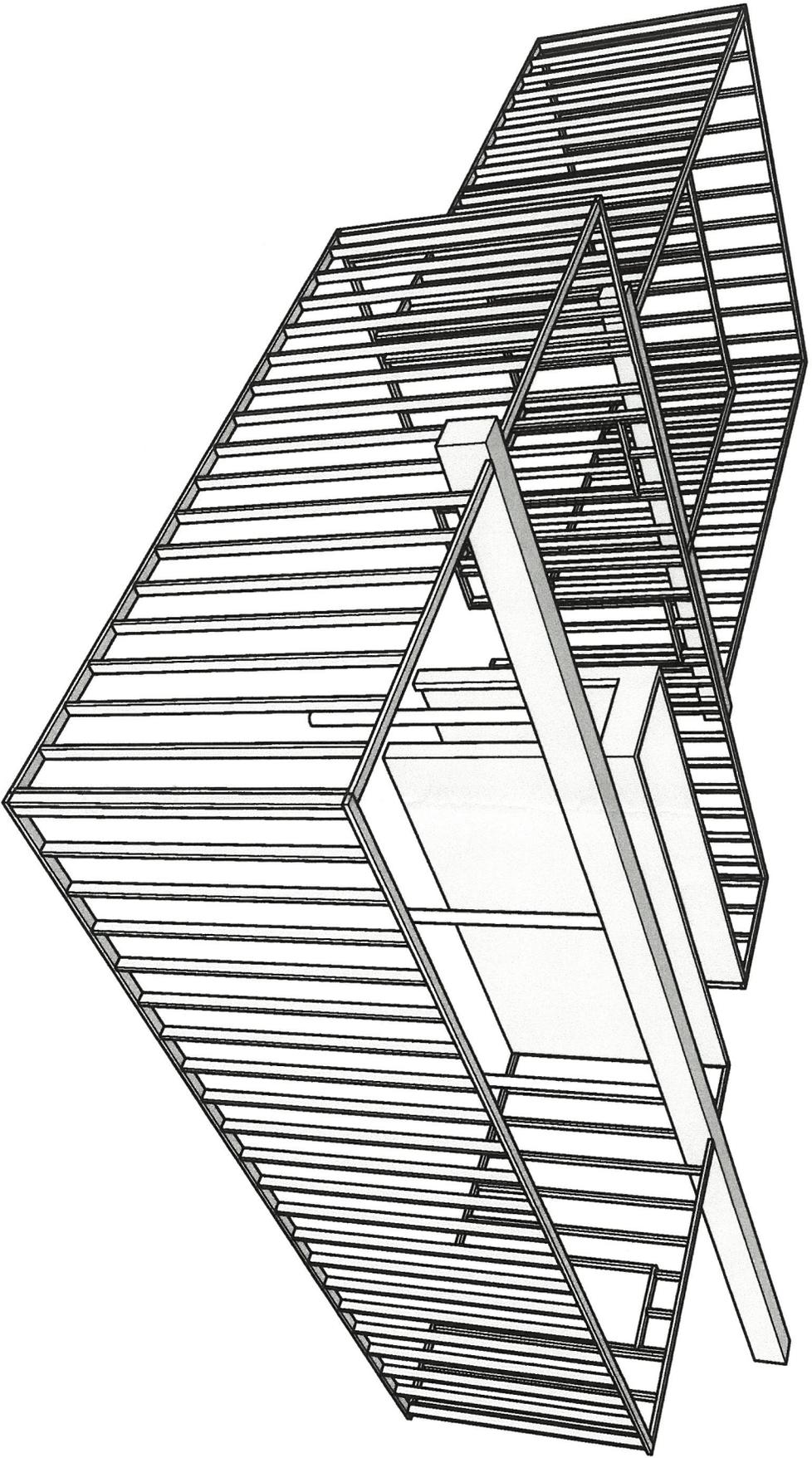
Issued to: Elizabeth Shelley

Zoning Administrator: Sharon Kelley

Notes: _____

C.O. Required Yes No

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



Shelley Basement Remodel

April 4, 2024 ::

Project Location ::

