

Appeal Period Expires 8/27/24
 Zoning District B2

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

Application Date 8/8/24
 Permit Number 2024-147

- 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]

Parcel Account Numb. (Map-Parcel-Lot) 2-031-027-000

Property Address: 5 RUSTIC DRIVE

Owner: Michael D. Glod + Michelle E. Commercial

Owner Address: SAME

Owner Phone: (work) _____ (home) 802-879-2621

(cell) 802-355-8417 (Email) m.d.glod67@yahoo.com

Contractor: Atlas Ash + Larocque + Sons Contracting

Tenants name: _____ Phone: _____ Cell: _____

Estimated Construction Dates: Start: ___/___/___ Completion: ___/___/___

Sq. Feet: 360' Estimated Cost (labor & materials): \$ 42,750

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 checked="" 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 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: ___/___/___

Proposed New Bedrooms 0 Existing Bedrooms 3

C Water (Please attach Water Service Application).

Public Well Fee \$ _____ Date Paid: ___/___/___

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

Date of approval ___/___/___ W/L

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.

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REPLACING 12X14 DECK WITH 11X15 ADDITION AND ADDING 13X15 COVERED PORCH.

See attached.

Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>115.43</u>	<u>8/8/24</u>
Recreation		\$ <u>15.00</u>	<u>8/8/24</u>
Recording		\$ _____	___/___/___
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___

Building Permit 8/12/24

Approved Rejected Date 8/12/24

Issued to: M. Glod + M. Commercial

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**

- TOPOGRAPHY NOTE -
1' CONTOURS ARE DEPICTED
PER VCGI 2004 LIDAR DATA
AND FIELD BASED
MEASUREMENTS USING A
ROBOTIC TOTAL STATION.
(NAVD 88 DATUM)

BENCHMARK
TOP OF SPIKE IN
BASE 30" OAK
ELEV. = 485.6
(NAVD 88)

PROPOSED
LEACHFIELD
(420 GPD)

RELOCATE
COMPOST BIN
SHED

CUT TREES
WITHIN 10'
OF
LEACHFIELD

EXISTING DRYWELL TO
BE ABANDONED.
RECONFIGURE
PLUMBING IN BASEMENT
AS NECESSARY

new covered
deck

existing
deck to
become
room.

3 BR
RESIDENCE

INSTALL SEPTIC TANK &
PUMP STATION PER
DETAIL. PUMP, CRUSH
& BACKFILL OLD TANK

FAILED
LEACHFIELD TO
BE ABANDONED
(APPROX.)

SLEEVE FM
PER DETAIL

APPROX.
SERVICE LINE

RUSTIC DRIVE

