Appeal Period Expires _4/25/24_ Zoning District _R2_	Town of Essex, Vermont **Application for Zoning Permit** (Building Permit)	Application Date _4,10,24_ Permit Number _2024-37_

- 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]_

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A	**Parcel** Account Numb. (Map-Parcel-Lot) 2-_050-084-000_ Property Address: _6 Ronald Ct Essex VT 05452_ Owner: _Bryan & Jessica Tatro_ Owner Address: _6 Ronald Ct, Essex, VT 05452_ Owner Phone: (work) _____ (cell) _802-309-8827_ (Email) _JTatroVT@yahoo.com_ Tenants name: _____ Phone: _____ (or contractor) Cell: _____ Estimated Construction Dates: Start:_5/1/24_ Completion: _8/1/24_ Sq. Feet: _288_ Estimated Cost (labor & materials): $_12,500_	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 ☐ ☐ ☐ Two-family (duplex)(other) ☐ ☐ Multi-family ☐ ☐ ☐ Condominium / Townhouse ☐ ☐ ☐ Mobile home ☐ ☐ ☐ *Inclusions or Additions:* Garage (attached) (detached) ☐ ☐ ☐ Porch (enclosed) (open) ☐ ☐ ☐ Deck ☐ ☐ ☐ Pool (in) (above) ground ☐ ☐ ☐ Shed ⊗ ☐ ☐ Barn (residential) (agriculture) ☐ ☐ ☐
B	**Sewage** Disposal (Please attach Sewer and/or State Septic Approval). Public ☐ Septic ☐ Connection Fee $_____ Date Paid: __/__/__ Proposed New Bedrooms: ____ Existing Bedrooms ____	*Non-residential:* Commercial / Industrial ☐ ☐ ☐
C	**Water** (Please attach Water Service Application if applicable). Public ☐ Well ☐ Fee $_____ Date Paid: __/__/__	*Stormwater:* Stormwater ☐ ☐ ☐ Erosion Control ☐ ☐ ☐
D	**Driveway** (Please attach copy of approved Curbcut / Utility Application). Date of approval : ___/___/___	*Other:* Change in use ☐ ☐ ☐ Miscellaneous ☐ ☐ ☐ Renewal ☐ ☐ ☐
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 ½ acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.	***Office Use Only*** Fees: Type Amount Date Pd Permit $ _75_ Recreation $ _____ _4/10/24_ Recording $ _15._ Certificate of Occ $ _____ Other $ _____
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 _[signature]_	**Building Permit** _4/10/24_ Approved ☐ Rejected ☐ Date _4/10/24_ Issued to: _B + J. Tatro_ Zoning Administrator: _[signature]_ Notes: _____ _____ _____ C.O. Required Yes ☐ No ☒ (Certificate of Occupancy)

02/13/17

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

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Date: _____ Page _____ of _____
To: _____
Reference: _____
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