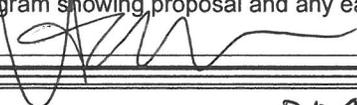


- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
- Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection 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) 2-004-003-001
 Property Address: 323 River Rd, Essex Jct 05452
 Owner: Ashley N. St. Gelais
 Owner Address: 323 River Rd, Essex, VT 05452
 Owner Phone: (work) - (home) -
 (cell) 802-318-7654 (Email) ash@ashstgelais.com
 Tenants name: - Phone: -
 Cell: -
 Estimated Construction Dates: Start: 6/26/24 Completion: 6/26/24
 Sq. Feet: 220 Estimated Cost (labor & materials): \$ 40,500

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 <u>tiny home without</u>	<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 <u>water/sewer or</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Stormwater</u>			
Stormwater <u>extra workspace</u>	<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). N/A
 Public Septic Connection Fee \$ - Date Paid: -/-/-
 Proposed New Bedrooms: - Existing Bedrooms -

C Water (Please attach Water Service Application). N/A
 Public Well Fee \$ - Date Paid: -/-/-

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval -/-/- N/A

E Stormwater N/A
 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 

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>109.35</u>	<u>6/25/24</u>
Recreation		\$ <u>-</u>	<u>-/-/-</u>
Recording		\$ <u>15</u>	<u>6/25/24</u>
Certificate of Occ		\$ <u>-</u>	<u>-/-/-</u>
Other		\$ <u>-</u>	<u>-/-/-</u>

Approved Building Permit 6/26/24 Rejected Date 6/26/24
 Issued to: Ashley N. St. Gelais
 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**

F Diagram - Provide diagram here and include all setbacks

