

Appeal Period Expires 9/3/24 Zoning District R2 Town of Essex, Vermont Application for Zoning Permit (Building Permit) Application Date 8/19/24 Permit Number 2024-159

- 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:  Digitally signed by JOHN WATSON Date: 2024.08.19 13:14:20 -04'00'

Parcel Account Numb. (Map-Parcel-Lot) 2- 025-018-000

Property Address: 224 River Rd, Essex, VT 05452

Owner: John Watson + Lauren Amy Rescue

Owner Address: 224 River Rd, Essex, VT 05452

Owner Phone: (work) 202-353-5714 (home) 571-991-7799  
(cell) 5719917799 (Email) mwatson0906@gmail.com

Tenants name: N/A Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Estimated Construction Dates: Start: 10/1/24 Completion: 10/20/2024

Sq. Feet: 350 Estimated Cost (labor & materials): \$ 20000

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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	<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"/>
Inclusions or Additions:			
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 checked="" 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"/>
Non-residential:			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater:			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
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: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

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 \_\_\_/\_\_\_/\_\_\_ n/a

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.

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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 Digitally signed by JOHN WATSON Date: 2024.08.19 13:14:03 -04'00'  
Signature of Tenant and Signature of Owner \_\_\_\_\_

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>8/19/24</u>
Recreation		\$ _____	____/____/____
Recording		\$ <u>15</u>	<u>8/19/24</u>
Certificate of Occ		\$ _____	____/____/____
Other		\$ _____	____/____/____

Approved  Rejected  Building Permit Date 8/19/24

Issued to: JT Watson + LA Rescue

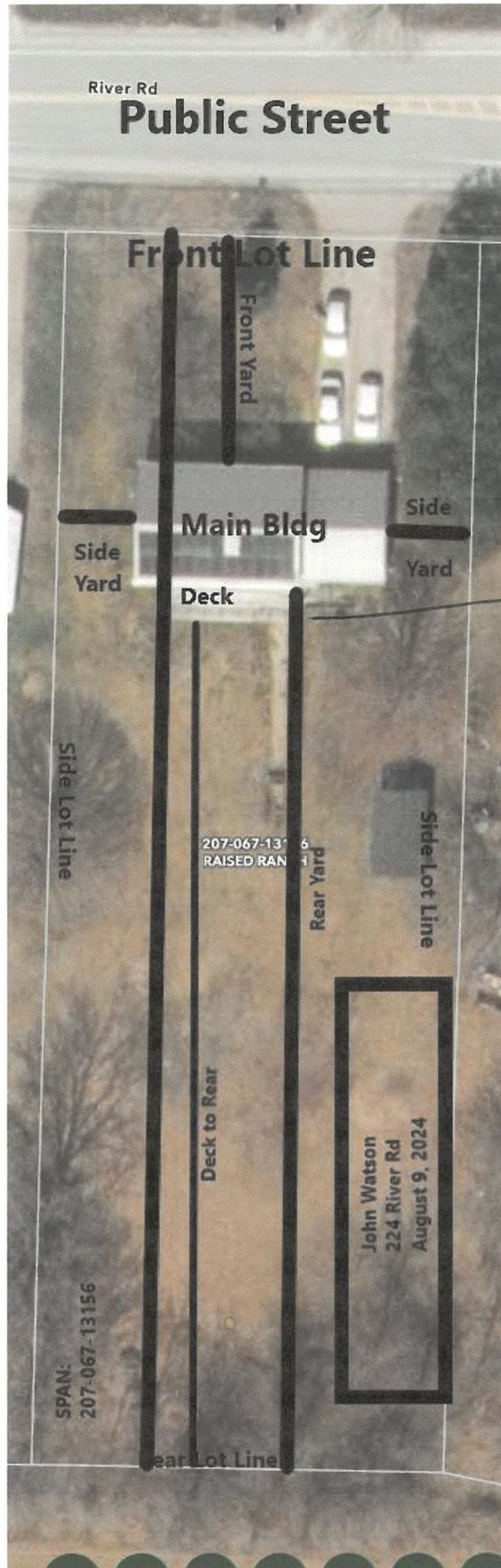
Zoning Administrator: Sharon Kelley

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



Replacing current deck. Same footprint.

## Permit Info

LEVEL 1

Plan view construction



### Structural Information: Level 1

Height of level (top of decking)	84'
Max. joist span	94 1/2'
Max. joist cantilever	22 1/2'
Max. beam span	134 1/8'
Max. beam cantilever	6'
Footing depth	43"
Footing area (ea.)	9 1/2 ft <sup>2</sup>
Designed live load	40 lb/ft <sup>2</sup>
Designed dead load	10 lb/ft <sup>2</sup>

#### Deck and Post Height

Your design height is 84' from the top of the decking to the ground level. The top of the deck support posts will therefore be 67' above ground level.\*

#### Joists

Set joists on top of beams, 16" center-to-center.