

Appeal Period Expires 10/31/24  
 Zoning District R2

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

Application Date 1/1/24  
 Permit Number 2024-190

- 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:** *Christine Farnham*

**A** Parcel Account Numb. (Map-Parcel-Lot) 2- 025-019.000  
 Property Address: 222 River Rd Essex, VT  
 Owner: Brent & Christine A Farnham  
 Owner Address: 222 River Rd Essex Jct, VT  
 Owner Phone: (work) 802-847-4707 (Cell) 802-355-3268  
 (Email) cbfarnham@comcast.net  
 Tenants name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (or contractor) Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 1/1/24 Completion: 1/1/24  
 Sq. Feet: 160 Estimated Cost (labor & materials): \$5,000

**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 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 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"/>
<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 and/or State Septic Approval).  
 Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1/24  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

**C** Water (Please attach Water Service Application if applicable).  
 Public  Well  Fee \$ \_\_\_\_\_ Date Paid: 1/1/24

**D** Driveway (Please attach copy of approved Curbcut / Utility Application).  
 Date of approval: 1/1/24

**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.

See reverse side.  
 Signature of Tenant and Signature of Owner: *Christine Farnham*

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75-</u>	<u>10/16/24</u>
Recreation		\$ _____	<u>1/1/24</u>
Recording		\$ <u>15-</u>	<u>10/16/24</u>
Certificate of Occ		\$ _____	<u>1/1/24</u>
Other		\$ _____	<u>1/1/24</u>

Approved  Rejected  Date 10/16/24  
 Issued to: Brent T + Christine A. Farnham  
 Zoning Administrator: *Sharon Kelley*  
 Notes: \_\_\_\_\_  
 C.O. Required Yes  No   
 (Certificate of Occupancy)

**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

