

Appeal Period Expires 9/25/24
 Zoning District R2

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

Application Date / /
 Permit Number 2024-175

- 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]

A Parcel Account Numb. (Map-Parcel-Lot) 2-047-024-000
 Property Address: 2 Pioneer Street Essex Jct
 Owner: Hari Sharma + Tanka Sharma
 Owner Address: 2 Pioneer Street Essex Jct
 Owner Phone: (work) 802 922 2802 (Cell) 802 922 2802
 (Email) _____
 Tenants name: Jamie Phone: _____
 (or contractor) _____ Cell: 929 629 8236
 Estimated Construction Dates: Start: 9/10/24 Completion: 10/20/24
 Sq. Feet: 1000 Estimated Cost (labor & materials): \$ 10,000

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 checked="" 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: / /
 Proposed New Bedrooms: 0 Existing Bedrooms 3

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

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

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 attached.

[Signature]

Signature of Tenant and
 Signature of Owner

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>9/16/24</u>
Recreation		\$ _____	<u> / / </u>
Recording		\$ <u>15</u>	<u>9/16/24</u>
Certificate of Occ		\$ _____	<u> / / </u>
Other		\$ _____	<u> / / </u>

Building Permit 9/10/24
 Approved Rejected Date 9/10/24

Issued to: Hari + Tanka Sharma

Zoning Administrator: [Signature]

Notes: _____

C.O. Required (Certificate of Occupancy) Yes No

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



Replacing back deck. Extending sides each 1 foot.

Replacing front porch. No change footprint.

septic tank + Leach Lines are not located under the deck, per the landowner, (per P+P septic) (Leach lines near punken patch)