

Appeal Period Expires 9/10/24  
 Zoning District 122

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

Application Date    /   /     
 Permit Number 2024-164

- 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) 2-003-001-052  
 Property Address: 1 Perkins Drive  
 Owner: Lois F Field + Clifford H Field  
 Owner Address: 1 Perkins Drive  
 Owner Phone: (work) \_\_\_\_\_ (Cell) (802) 372-8291  
 (Email) Greenage.VT@gmail.com, Hfield36@gmail.com  
 Tenants name: Green Age Builders Phone: (802) 989-6023  
 (or contractor) \_\_\_\_\_ Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 9/9/24 Completion: 9/20/24  
 Sq. Feet: \_\_\_\_\_ Estimated Cost (labor & materials): \$22,000

**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 checked="" 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	<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 \_\_\_\_\_

**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:    /   /   

**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 [Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75-</u>	<u>8/22/24</u>
Recreation		\$ _____	<u>   </u> / <u>   </u> / <u>   </u>
Recording		\$ <u>15-</u>	<u>8/22/24</u>
Certificate of Occ		\$ _____	<u>   </u> / <u>   </u> / <u>   </u>
Other		\$ _____	<u>   </u> / <u>   </u> / <u>   </u>

**Building Permit**  
 Approved  Rejected  Date 8/26/24  
 Issued to: Lois F + Clifford H Field  
 Zoning Administrator: Sharon Kelly  
 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

*Replace kitchen cabinets, flooring, appliances.*

