

Appeal Period Expires <u>7/3/24</u> Zoning District <u>RPD-I</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u> </u> / <u> </u> / <u> </u> Permit Number <u>2024-110</u>
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- 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) 2-072-004-002

Property Address : 5 OLIVER WIGHT DR.

Owner: ALAN FRENCH/Equitas Life Service LLC

Owner Address: 61 PEARL ST. UNIT 30

Owner Phone: (work) 607 279 6865 (home) same
 (cell) same (Email) adf@equitasllc.com

Tenants name: n/a Phone: Cell:

Estimated Construction Dates: Start: 6/1/2024 Completion: 12/31/2024

Sq. Feet: 297 Estimated Cost (labor & materials): \$ 89,100.

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	<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 checked="" type="checkbox"/>	<input checked="" 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 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 / /

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.

G See attached.

Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>524.00</u>	<u>6/3/24</u>
Recreation		\$ <u> </u>	<u> </u> / <u> </u> / <u> </u>
Recording		\$ <u>15</u>	<u>6/3/24</u>
Certificate of Occ		\$ <u> </u>	<u> </u> / <u> </u> / <u> </u>
Other		\$ <u> </u>	<u> </u> / <u> </u> / <u> </u>

Approved Rejected Date 6/18/24

Issued to: ALAN FRENCH/Equitas Life Service LLC

Zoning Administrator: Sharon Kelly

Notes: CBES Form Notified.

C.O. Required Yes No

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

Pg. ①

3 OLIVER WIGHT DR. LLC

PROPERTY LINES

150' +/-

150' +/-

PROPOSED ENTRY MODIFICATION

8'-6"

to connect building

PROPOSED HALLWAY

EXISTING UNIT B

EXISTING UNIT B

50' +/-

75' +/-

SET-BACKS
PROPOSED MODIFICATION
5 OLIVER WIGHT DR.
ESSEX, VT 05452

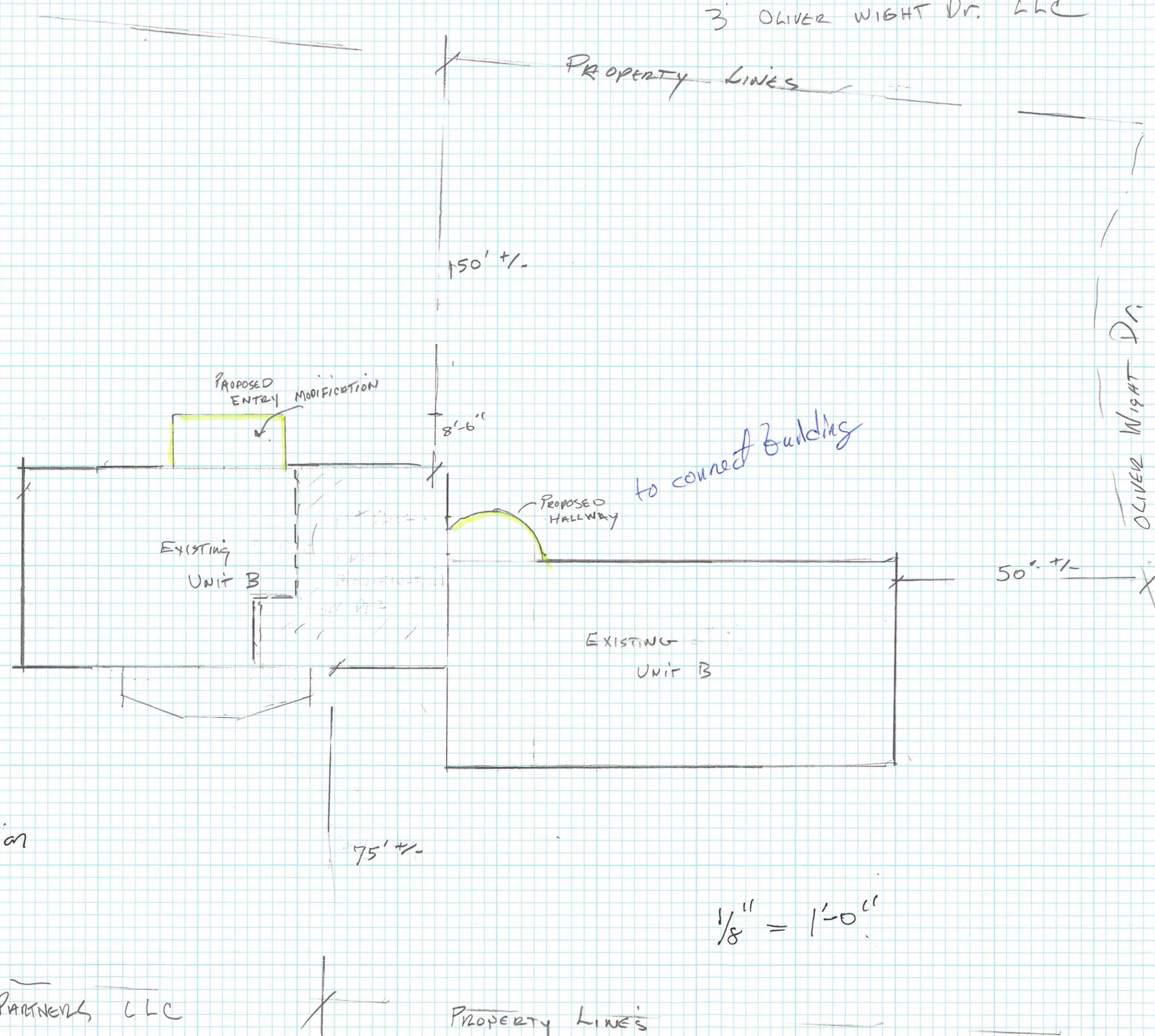
Kodiak Construction
P.O. Box 8525
Essex VT 05451

1/8" = 1'-0"

HJL PARTNERS LLC

PROPERTY LINES

OLIVER WIGHT DR



Pg 2

1st Floor

EXISTING FOOTPRINT

EXISTING ENTRYWAY

20'-0"

8'-6"

4'-0" AP, LI

proposed to connect buildings

15'-0"

7'-6"

PROPOSED HALLWAY ADDITION

UNIT B

UNIT A

PROPOSED PLAN

5 OLIVER WIGHT DRIVE
ESSEX, VT 05452

KODIAK CONSTRUCTION

P.O. Box 8525
ESSEX, VT 05451

- UNIT A
- PROPOSED REMODEL 1ST FLOOR
- EXISTING ENTRYWAY - RELOCATE / ADD NEW WINDOWS / DOORS
- NEW SCILING
- UNIT B
- NEW HALLWAY ADDITION 1ST FLOOR
- ADD DOORWAY, OPEN UP WALL TO NEW HALLWAY
- NEW EXTERIOR HALLWAY WALL

1ST FLOOR