

Appeal Period Expires 11/12/24
Zoning District A12

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

Application Date 10/25/24
Permit Number 2024-204

- 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- 012-012-003
Property Address : 1799 Old Pump Rd
Owner: Adam & Lauren Bulakowski
Owner Address: _____
Owner Phone: (work) 802 338 0670 (Cell) 11
(Email) abulakowski@yahoo.com
Tenants name: Tom Moore Phone: 802 373 3733
(or contractor) Cell: _____
Estimated Construction Dates: Start: 11/15/24 Completion: 2/4/24
Sq. Feet: 288 Estimated Cost (labor & materials): \$ 80,000

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: ___/___/___ W/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 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 of Tenant and
Signature of Owner [Signature]

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).
N = New A = Addition R = Remodel
Residential: Self attached N A R
Single Family
Two-family (duplex)(other)
Multi-family
Condominium / Townhouse
Mobile home
Inclusions or Additions:
Garage (attached) (detached)
Porch (enclosed) (open)
Deck
Pool (in) (above) ground
Shed
Barn (residential) (agriculture)
Non-residential:
Commercial / Industrial
Stormwater:
Stormwater
Erosion Control
Other:
Change in use
Miscellaneous
Renewal

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>210</u>	<u>10/25/24</u>
Recreation		\$ _____	___/___/___
Recording		\$ <u>15</u>	<u>10/25/24</u>
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___

Approved Building Permit Rejected Date 10/28/24
Issued to: Adam J + Lauren Bulakowski
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**



12' x 24'
Studio/Workspace
Addition

↪

Well

Leach
fields

Septic