

Appeal Period Expires 12/18/24  
 Zoning District R2

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

Application Date 12/2/24  
 Permit Number 2024-214

- 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 proposed and any easements, well or septic locations, etc.

**SIGN HERE:** [Signature]

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-082-003-210  
 Property Address: 40 Laurel Drive  
 Owner: Colin Lyle + Teri Massy  
 Owner Address: 40 Laurel Drive  
 Owner Phone: (work) (802) 777-6561 (Teri) (Cell) (845) 416-4010 (Colin)  
 (Email) lylecm212@gmail.com tmasseyvt@gmail.com  
 Tenant name: Chris Parsons Phone: \_\_\_\_\_  
 (or contractor) Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 1/20/25 Completion: 2/21/25  
 Sq. Feet: 987 Estimated Cost (labor & materials): \$ 80,000

**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: 1 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: \_\_\_/\_\_\_/\_\_\_ n/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.

Finish Basement  
See reverse diagram.

Signature of Tenant and  
 Signature of Owner [Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>214</u>	<u>12/2/24</u>
Recreation		\$ _____	___/___/___
Recording		\$ <u>30</u>	<u>12/2/24</u>
Certificate of Occ		\$ <u>100</u>	<u>12/2/24</u>
Other		\$ _____	___/___/___

**Building Permit** 12/3/24  
 Approved  Rejected  Date  
 Issued to: Colin Lyle + Teri Massy  
 Zoning Administrator: [Signature]  
 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

