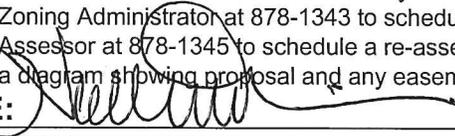


Appeal Period Expires 2/22/24
 Zoning District MXD-RVD (R)

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

Application Date 2/15/24
 Permit Number 2024-8

- 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- 093-002-074
 Property Address: 20 Lang Drive Essex VT
 Owner: Jed & Noelle Davis, Revocable Trust (Trustees Same)
 Owner Address: Same as above
 Owner Phone: (work) 802 999 1440 (Cell) 802 999 1440
 (Email) jd0407@gmail.com
 Contractor name: Vermont Sauna Phone: 802 751 9199
 Estimated Construction Dates: Start: 3/1/24 Completion: 6/1/24
 Sq. Feet: 70 Estimated Cost (labor & materials): \$20,000

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 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 checked="" 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"/>

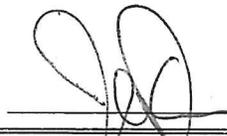
B Sewage Disposal (Please attach Sewer and/or State Septic Approval).
 Public Septic Connection Fee \$ NA Date Paid: ___/___/___
 Proposed New Bedrooms: 0 Existing Bedrooms: 5 (no change)

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

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

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 

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75-</u>	<u>2/15/24</u>
Recreation		\$	
Recording		\$ <u>15.00</u>	<u>2/15/24</u>
Certificate of Occ	\$		
Other	\$		

Approved Building Permit Rejected Date 2/17/24
 Issued to: J. + N. DAVIS
 Zoning Administrator: Shawn Kelly
 Notes: _____
 C.O. Required Yes No
 (Certificate of Occupancy)

02/13/17
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

See attached

80' (or more) from street (south)
 20' (or more) from abutting property to north
 20' (or more) from abutting property to west
 60' (or more) from abutting property to east

Neandhouse

- a. 10'x7' structure with shed roof and covered porch
- b. Sauna that is 7'x7" with stadium benches and will be fully composed of western red knotty cedar.
- c. Porch that is 3'x7' (or large enough to fit tub picked out by client)
- d. Hand made sauna door
- e. Huum electric sauna stove installation coordinated with electrician

