

Appeal Period Expires 9/3/24
Zoning District R2

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

Application Date 8/15/24
Permit Number 2024-155

- 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: Suzanne Crum

A Parcel Account Numb. (Map-Parcel-Lot) 2-079-001-120
Property Address: 15 Heatherbush Rd.
Owner: Suzanne Crum
Owner Address: same
Owner Phone: (work) → (Cell) 802-318-1186
(Email) vermontsimplicity@yahoo.com
Tenants name: Suzanne Crum Phone: 0
(or contractor) Cell: _____
Estimated Construction Dates: Start: 9/1/24 Completion: 11/1/24
Sq. Feet: 160 Estimated Cost (labor & materials): \$15,000

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 \$ _____ Date Paid: / /
Proposed New Bedrooms: _____ 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: / / 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.

See attached

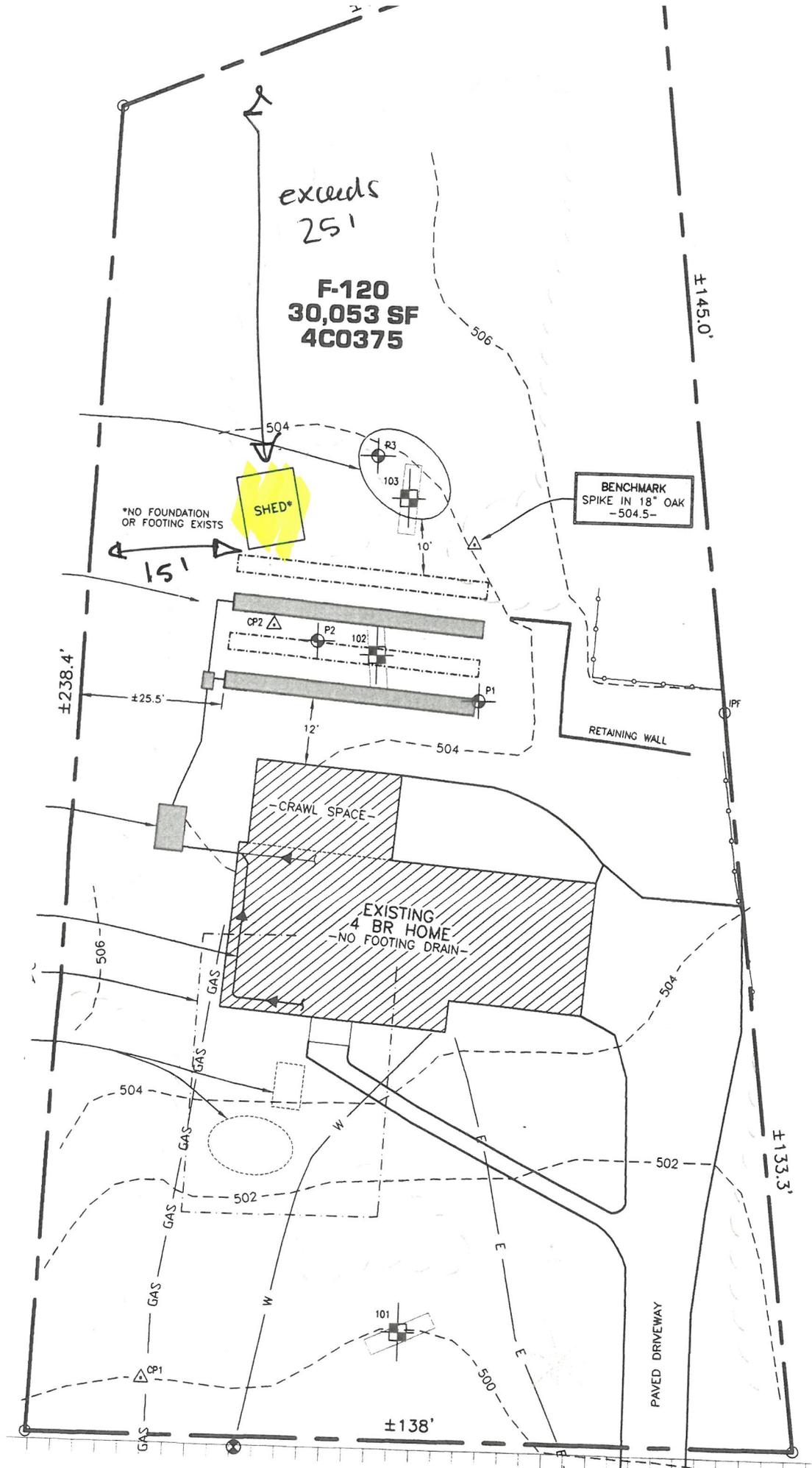
Signature of Tenant and Signature of Owner: Suzanne Crum

Office Use Only

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

Building Permit
Approved Rejected Date 8/19/24
Issued to: Suzanne Crum
Zoning Administrator: Shawn Kelley
Notes: maintain state setbacks from septic
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**



exceeds 25'

F-120
30,053 SF
4C0375

SHED*

*NO FOUNDATION OR FOOTING EXISTS

15'

BENCHMARK
SPIKE IN 18" OAK
-504.5-

RETAINING WALL

CRAWL SPACE

EXISTING
4 BR HOME
-NO FOOTING DRAIN-

GAS

GAS

GAS

GAS

GAS

GAS

W

W

W

E

E

E

PAVED DRIVEWAY

±238.4'

±25.5'

±138'

±145.0'

±133.3'

506

504

502

500

506

504

504

502

500

504

R3

103

CP2

P2

102

P1

PF

CP1

101