

Appeal Period Expires 9/12/24
 Zoning District R2

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

Application Date 1/1
 Permit Number 2024-170

- 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]

	Parcel Account Numb. (Map-Parcel-Lot) <u>2-062-003-039</u> Property Address: <u>24 Greenfield Rd</u> Owner: <u>Pasquale & Joan E DiLego</u> Owner Address: <u>24 Greenfield Rd</u> Owner Phone: (work) _____ (home) _____ Contractor (cell) <u>802-578-0999</u> (Email) <u>maia.scene@gmail.com</u> Tenants name: <u>Poll: Construction</u> , Phone: <u>802-482-5777</u> Cell: _____ Estimated Construction Dates: Start: <u>9/1/24</u> Completion: <u>9/15/24</u> Sq. Feet: _____ Estimated Cost (labor & materials): <u>\$14,620</u>	G																																																																																								
A	Sewage Disposal (Please attach Sewer or Septic Application). Public <input type="checkbox"/> Septic <input checked="" type="checkbox"/> Connection Fee \$ _____ Date Paid: <u>1/1</u> Proposed New Bedrooms: _____ Existing Bedrooms <u>3</u>	Check box(es) which describe proposed use or construction (circle choice in parenthesis). N = New A = Addition R = Remodel <table style="width: 100%; border-collapse: collapse;"> <tr> <td><i>Residential:</i></td> <td style="text-align: center;">N</td> <td style="text-align: center;">A</td> <td style="text-align: center;">R</td> </tr> <tr> <td>Single Family</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Two-family (duplex)(other)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Multi-family</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Condominium / Townhouse</td> <td style="text-align: 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D	Stormwater <input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application. <input type="checkbox"/> 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.																																																																																									
E	Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.																																																																																									
F	<u>Exterior rot repairs</u> <u>[Signature]</u> Signature of Contractor <u>[Signature]</u> Signature of Tenant and Signature of Owner																																																																																									
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THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED

02/13/17



- Remove / Replace areas of lot
- paint / stain to match existing finishes.