

Appeal Period Expires <u>6/11/24</u> Zoning District <u>R2</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>6/11/24</u> Permit Number <u>2024-102</u>
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- 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: John D. Quackenbush

A	Parcel Account Numb. (Map-Parcel-Lot) 2- <u>044-018-000</u> Property Address: <u>29 Foster Rd</u> Owner: <u>John D. Quackenbush and Mary Bernadette Ruocco</u> Owner Address: <u>same</u> Owner Phone: (work) _____ (Cell) <u>802-557-4629</u> * (Email) _____ Tenants name: <u>self</u> Phone <u>802-879-1189</u> (or contractor) Cell: _____ Estimated Construction Dates: Start: <u>2002</u> Completion: <u>2002</u> Sq. Feet: <u>672</u> Estimated Cost (labor & materials): \$ <u>410K</u>
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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 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 <input checked="" type="checkbox"/> Septic <input type="checkbox"/> Connection Fee \$ <u>636</u> Date Paid: <u>6/11/24</u> Proposed New Bedrooms: <u>1</u> Existing Bedrooms <u>3</u>
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C	Water (Please attach Water Service Application if applicable). Public <input checked="" type="checkbox"/> Well <input type="checkbox"/> Fee \$ <u>354</u> Date Paid: <u>6/11/24</u>
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D	Driveway (Please attach copy of approved Curbcut / Utility Application). Date of approval: ___/___/___ <u>EXISTING</u>
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E	Stormwater <input type="checkbox"/> Project disturbs an area greater than or equal to <u>1/4</u> 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 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.
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F	Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.
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TO convert an addition created in 2002 to an accessory dwelling unit.

Signature of Tenant and Signature of Owner John D. Quackenbush

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>6/11/24</u>
Recreation		\$ <u>5</u>	
Recording		\$ <u>30</u>	
Certificate of Occ		\$ <u>100</u>	
Other		\$ _____	

Building Permit

Approved Rejected Date 6/11/24

Issued to: J. Quackenbush & M.B. Ruocco

Zoning Administrator: Shawn Kelley

Notes: to correct a classification of work done

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**

TOWN OF ESSEX WATER/SEWER HOOKUP FEES

DATE: 6/12/24
 MAP/PARCEL/LOT: 2-044-018-000
 NAME: John Quackenbush & Mary Ruocco
 LOCATION: 29 Foster Rd.

<u>G/L A/C #</u>	<u>A/C NAME</u>	<u>AMOUNT</u>
51-34821.000	Water hookup fees - regular	(33) <u>354-</u>
	Other _____	
51-35522.000	CAPITAL RESERVE - # of gallons <u>60</u> x \$10.60 = <u>636-</u>	(36) <u>636-</u>
51-35521.000	SEWER CONNECTION FEE	(37) 1000.00
35501.000	Special Assessment	
	Reason	
	TOTAL REC'D	<u>990-</u>

2024- 102

Town of Essex Application for Water Service

Revised May 2022

The undersigned, being the owner / owner's agent of the property located at:

Street Address: 29 Foster Rd Development: _____

Tax Map # 044 Tax Parcel 018 Tax Lot 000

Does hereby request a permit to initiate water service as noted below to

serve 1 unit(s) Residential Commercial Industrial structure

Accessory

X

Installer / Contractor:
Name: _____
Address: after the fact
Phone: done by plumber
Cell: _____

Property Owner:
Name: John Quackebush; Mary R. Ruocco
Address: same as above
Phone: _____
Cell: _____

Firm Performing Main Line Tap:

Name: _____
Address: _____
Phone: _____
Cell: _____

- 1.) The above requested service includes the installation of a 3/4" x 5/8" water meter for residential use and up to a 2" simple meter for non-residential use. The information necessary to determine the correct meter size shall be supplied by the applicant (minimum to maximum range of use). Meters 5/8", 3/4" and 1" shall be installed by the Town. Meters above 1" shall be installed by the owner/applicant or qualified representative.
- 2.) Property owner / agent is responsible for and must provide all necessary excavation form the main to the building or structure.
- 3.) Property owner / agent agrees to provide the Town a minimum of 24 hours notice prior to installation for inspection purposes. No part of the water line may be covered until it has been inspected by the Town Representative.
- 4.) Property owner / agent agrees to restore all disturbed areas to original condition after the installation of said water service.
- 5.) The water service can be turned on only by an employee of the Town of Essex Water Department.
- 6.) Meter spacers must be obtained from the Town of Essex Water Department.
- 7.) The owner / agent agrees that all installation and work will conform to the Town Public Works Specifications and the Water Ordinance and Regulations of the Town of Essex.

8.) In consideration of water service supplied by the Town of Essex Water Department, I agree to be responsible for payment of all bills rendered and for all water used by me, my tenants, successors in tenancy or in ownership, and all persons at above locations, unless and until proper notice is given to the Town Water Department of termination of service on a specific date. I also agree to abide by all rules and regulations established by the Essex Water Department.

X Signed: John D. Quaker Date: 06-11-24

PLEASE MAKE CHECK PAYABLE TO TOWN OF ESSEX WATER AND SEWER DEPARTMENT.
DO NOT COMBINE WITH ZONING PERMIT FEE.

All water services are subject to a service initiation fee as set by the Water/Sewer Fee Schedule adopted by the Selectboard. The following fee schedule shall apply to all municipal water connections.

FOR OFFICE USE ONLY:

60 gallons/day x \$ 5.90 = \$ 354.- + \$1,000 = \$ 354.-

Connection Fee: \$ 354 Rcvd by: [Signature] Date: 6-11-24 Finance Notified

Approved by: _____ Date: ____-____-____ Letter Sent Finance Notified

Inspected by: _____ Date: ____-____-____ Tie Drawing Finance Notified

Meter Installed Date: ____-____-____

Master List Updated: Approved Inspected Metered

Town of Essex Application for Sewer Service

Revised Dec 2022

The undersigned, being the owner / owner's agent of the property located at:

Street Address: 29 Foster Rd Development: _____

Tax Map # 044 Tax Parcel 018 Tax Lot 000

Does hereby request a permit to install and connect a building sewer to
serve 1 unit(s) Residential Commercial Industrial structure
Accessory unit

Installer / Contractor:

Property Owner:

X Name: _____
Address: after the fact
Email: done by plumber
Phone: _____

Name: John Quackenbush
Address: 29 Foster Rd
Email: _____
Phone: 802-879-1189

The owner / agent agrees:

- a) That all work shall be in accordance with the Town Sewer Ordinance, the Town Public Works Specifications, and all other pertinent ordinances or regulations of the Town of Essex.
- b) To install and maintain the private building sewer at no expense to the Town.
- c) To notify the Public Works Office twenty four hours prior to the start of construction for inspection purposes. No part of the sewer line may be covered until it has been inspected by the Town Representative.
- d) To pay the sewer charges (construction and operations) which are billed as set forth in the water/sewer fee schedule.

X Signed: John D Quackenbush X Date: 06-11-24
(Signature of Owner / Agent)

PLEASE MAKE CHECK PAYABLE TO TOWN OF ESSEX WATER AND SEWER DEPARTMENT AND RETURN ALONG WITH APPLICATION TO THE COMMUNITY DEVELOPMENT OFFICE. DO NOT COMBINE WITH ZONING PERMIT FEE.

For Office Use Only

60 gallons / day x \$10.60 = \$ 636 + ~~\$1,000~~ = \$ 636.

Received by: SK Date: 6-11-24

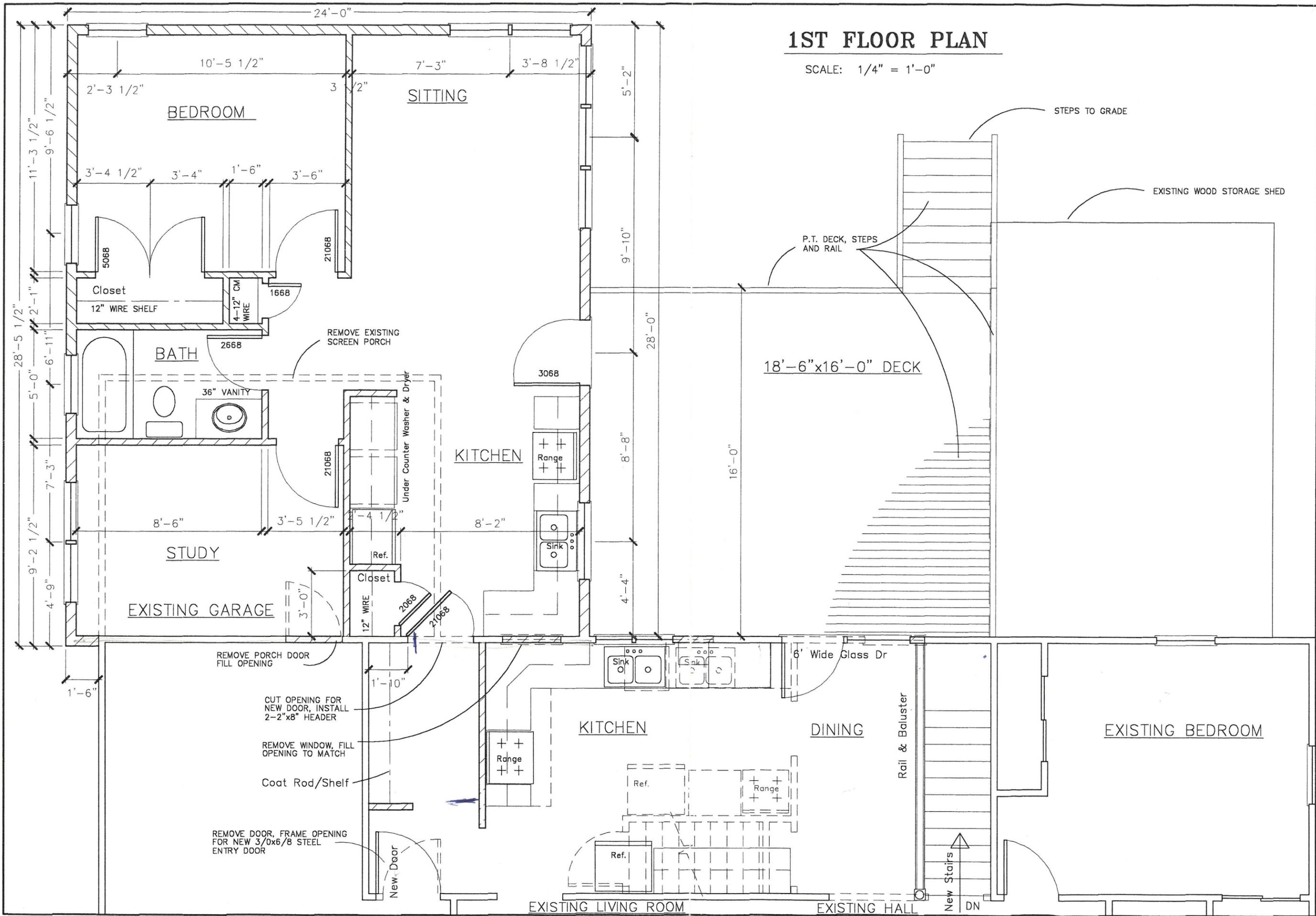
Approved by: _____ Date: ____-____-____ Letter Sent Finance Notified

Inspected by: _____ Date: ____-____-____ Tie Drawing Finance Notified

Master List Updated: Approved Inspected

1ST FLOOR PLAN

SCALE: 1/4" = 1'-0"



Drg. No.

A-2

Drg. Date: 4/23/02
Final Date: 5/29/02

Frank Naef, Architect
4 Park Terrace
Essex Jct, Vt

RENOVATION/ADDITION
FIRST FLOOR PLAN
SCALE: 1/4"=1'-0"

Owner:
JOHN & BERNADETTE QUACKENBUSH
29 FOSTER ROAD
ESSEX JUNCTION, VT.