

Appeal Period Expires 8/22/24 Zoning District AR **Town of Essex, Vermont** Application for Zoning Permit (Building Permit) Application Date 8/7/24 Permit Number 2024-143

- 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: J.D. Dan

A Parcel Account Numb. (Map-Parcel-Lot) 2- 105-107-024
 Property Address: 15 Deer Crossing Ln.
 Owner: Robert J Lesny + Kimberly J. Lesny
 Owner Address: 15 Deer Crossing Ln
 Owner Phone: (work) _____ (home) _____
 (cell) 802-324-3330 (Email) rlesny@mac.com
 Contractor Tenants name: Poli Construction Phone: 802-482-5777
 Cell: _____
 Estimated Construction Dates: Start: 8/15/24 Completion: 9/15/24
 Sq. Feet: _____ Estimated Cost (labor & materials): \$14250

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 checked="" 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 or Septic Application).
 Public Septic Connection Fee \$ _____ Date Paid: / /
 Proposed New Bedrooms: 0 Existing Bedrooms 4

C Water (Please attach Water Service Application).
 Public Well Fee \$ _____ Date Paid: / /

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

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.

G Trim repairs, shed door, Garage entry door, garage dry wall repair
 Signature of Tenant and Contractor: J.D. Dan
 Signature of Owner: _____

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>8/7/24</u>
Recreation		\$ _____	_____
Recording		\$ <u>15</u>	<u>8/7/24</u>
Certificate of Occ		\$ _____	_____
Other		\$ _____	_____

Building Permit
 Approved Rejected Date 8/7/24
 Issued to: RJ + KJ Lesny
 Zoning Administrator: Sharon Kelley
 Notes: _____
 C.O. Required Yes No

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
 RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**

Shed Doors

Front Porch

Laundry
Shed/Room

Front porch
sill & trim
repairs



15 Deer Crossing Ln
Lesny