

Appeal Period Expires <u>1/14/25</u> Zoning District <u>AR</u>	<b>Town of Essex, Vermont</b> <b>Application for Zoning Permit</b> (Building Permit)	Application Date <u>12/30/24</u> Permit Number <u>2024-228</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:** Miran Gosto

**A** Parcel Account Numb. (Map-Parcel-Lot) 2- 105-107-009

Property Address : 4 Deer Crossing Lane

Owner: Miran Gosto & Emily Bullic

Owner Address: \_\_\_\_\_

Owner Phone: (work) \_\_\_\_\_ (Cell) 802-578-5245

(Email) mgocto@me.com

Tenant name: DC Construction Phone: \_\_\_\_\_  
 (or contractor) Cell: \_\_\_\_\_

Estimated Construction Dates: Start: 6/1/25 Completion: 7/1/25

Sq. Feet: 934 Estimated Cost (labor & materials): \$100,000

**G**

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

<i>Residential:</i>			
Single Family	N	A	R
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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  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 : \_\_\_/\_\_\_/\_\_\_ 6/1/25

**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.

Demolishing existing 2 story deck and stairs. Replacing with new 2 story deck and stairs. Same footprint

Signature of Tenant and Signature of Owner Miran Gosto

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>270</u>	<u>12/30/24</u>
Recreation		\$ _____	___/___/___
Recording		\$ <u>15</u>	<u>12/30/24</u>
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___

**Building Permit**

Approved  Rejected  Date 12/30/24

Issued to: M. Gosto & E. Bullic

Zoning Administrator: Jharon Kelley

Notes: \_\_\_\_\_

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**

DEER CROSSING LN

DEER CROSSING LN

DEER CRO



4 Deer Crossing Ln

2 story deck



extends 20' feet.  
Stone Stairs

AR Zoning District  
20' Front  
10' Sides

