

Appeal Period Expires 4/18/24
 Zoning District R2

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

Application Date 1/1
 Permit Number 2024-3A

- 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: Paula M Rose

A Parcel Account Numb. (Map-Parcel-Lot) 2- 096-001-047
 Property Address: 6 Dartmoor Ct.
 Owner: Paula M + Donald D. Rose
 Owner Address: same
 Owner Phone: (work) _____ (Cell) _____
 (Email) 318-1035 (Paula)
 Tenants name: self Phone: _____
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: 4/18/24 Completion: 8/1/24
 Sq. Feet: 16' x 12' Estimated Cost (labor & materials): \$ 5004

B Sewage Disposal (Please attach Sewer and/or State Septic Approval).
 Public Septic Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: 0 Existing Bedrooms: 3

C Water (Please attach Water Service Application if applicable).
 Public Well Fee \$ _____ Date Paid: 1/1

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval: 1/1 Existing

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 Finish off basement for a sitting room private office - no public.
 Signature of Tenant and Signature of Owner Paula M Rose

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel
 Residential: to complete finishing
 Single Family basement N A R
 Two-family (duplex)(other)
 Multi-family
 Condominium / Townhouse
 Mobile home
 Inclusions or Additions:
 Garage (attached) (detached)
 Porch (enclosed) (open)
 Deck
 Pool (in) (above) ground
 Shed
 Barn (residential) (agriculture)
 Non-residential:
 Commercial / Industrial
 Stormwater:
 Stormwater
 Erosion Control
 Other:
 Change in use
 Miscellaneous
 Renewal

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>4/13/24</u>
Recreation		\$ _____	<u>1/1/24</u>
Recording		\$ <u>15</u>	<u>1/1</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Approved Rejected Date 4/13/24
 Issued to: P. + D. Rose
 Zoning Administrator: Sharon 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**