

Appeal Period Expires 10/26/24
 Zoning District I-1

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

Application Date 6/11/24
 Permit Number 2024-103

- 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: _____

A Parcel Account Numb. (Map-Parcel-Lot) 2- 009-015-001
 Property Address: 224 COLCHESTER ROAD
 Owner: SCOTT GUNY LLC
 Owner Address: 95 BRIGHAM HILL LANE
 Owner Phone: (work) 802-878-0404 (Cell) 802-923-6652
 (Email) _____
 Tenants name: not yet determined Phone: _____
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: / / Completion: / /
 Sq. Feet: 1,300 sq. ft. Estimated Cost (labor & materials): \$150K

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 <u>expand garage and change out overhead doors.</u>	<input checked="" 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: / / EXISTING

E Stormwater n/a
 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.

EXPAND SHOP AREA IN REAR 20FT OUT
REPLACE BACK DOOR w/ ONE OVERHEAD
ADD SIDE OVERHEAD DOOR
Self attached plan
 Signature of Tenant and _____
 Signature of Owner _____

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>900</u>	<u>6/11/24</u>
Recreation		\$ _____	<u> / / </u>
Recording		\$ <u>30</u>	<u> / / </u>
Certificate of Occ		\$ <u>100</u>	<u> / / </u>
Other		\$ _____	<u> / / </u>

Building Permit
 Approved Rejected Date 6/11/24
 Issued to: Scott Guny LLC
 Zoning Administrator: Sharon Kelley
 Notes: Notified to check w/ State permitting.
 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