

Appeal Period Expires 11/5/24
 Zoning District I1

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

Application Date / /
 Permit Number 2024-198

- 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: [Signature]

A Parcel Account Numb. (Map-Parcel-Lot) 2-018-001-000
 Property Address: 221 Colchester Rd Essex Jct VT 05452
 Owner: Sisters + Brothers Inc LLP
 Owner Address: 78 S Willowick Ave Burlington
 Owner Phone: (work) 802-625364 (Cell) 802-373-9200
 (Email) Joe.Henry@Wmoyot.com
 Tenants name: John Bushey Phone: 802-276-7116
 (or contractor) Johnathon Bushey Cell: 802-881-7908
 Estimated Construction Dates: Start: / / Completion: / /
 Sq. Feet: Estimated Cost (labor & materials): \$ 0

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 checked="" 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: / /

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.

Signature of Tenant and Signature of Owner
[Signatures]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ 150	10/21/24
Recreation		\$	
Recording		\$ 15	
Certificate of Occ		\$	
Other		\$	

Building Permit
 Approved Rejected Date 10/21/24
 Issued to: Sisters + Bros. Inc LLP
 Zoning Administrator: [Signature]
 Notes: _____

C.O. Required (Existing) Yes No
 (Certificate of Occupancy)

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

F Diagram – Provide diagram here and include all setbacks

2-sets + son

employees.

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M-F 7:30 to 5:00

S- 8:00 to 12:00