

Appeal Period Expires 8/27/24
 Zoning District MXD

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

Application Date 8/12/24
 Permit Number 2024-152

- 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: Mabelle Haney

A Parcel Account Numb. (Map-Parcel-Lot) 2-048-003-000
 Property Address: 108 Colchester RD
 Owner: Franklin South LLC
 Owner Address: 197 Pearl St Essex Vt Suite 100
 Owner Phone: (work) 802 343 3292 (cell) 802 343 3292
 (Email) _____
 Tenants name: _____ Phone: _____
 (or contractor) _____ Cell: _____
 Estimated Construction Dates: Start: ___/___/___ Completion: ___/___/___
 Sq. Feet: _____ Estimated Cost (labor & materials): \$ _____

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel

| | | | |
|----------------------------------|--------------------------|--------------------------|-------------------------------------|
| Residential: | N | A | R |
| Single Family <u>Demolition</u> | <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"/> |
| Inclusions or Additions: | | | |
| 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"/> |
| Non-residential: | | | |
| Commercial / Industrial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stormwater: | | | |
| Stormwater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Erosion Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | | | |
| 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 1

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: 12/26/23

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 Demolish Existing House.

 Signature of Tenant and Signature of Owner Mabelle Haney

Office Use Only

| | | | |
|--------------------|------|--------------|----------------|
| Fees: | Type | Amount | Date Pd |
| Permit | | \$ <u>75</u> | <u>8/12/24</u> |
| Recreation | | \$ _____ | <u>1/1</u> |
| Recording | | \$ <u>15</u> | <u>8/12/24</u> |
| Certificate of Occ | | \$ _____ | <u>1/1</u> |
| Other | | \$ _____ | <u>1/1</u> |

Approved Building Permit Rejected Date 8/12/24
 Issued to: Franklin South LLC
 Zoning Administrator: Sharon Kelly
 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**