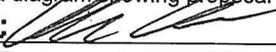


Appeal Period Expires 5/29/24
 Zoning District R2

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

Application Date 1/1
 Permit Number 2024-75

- 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) 2-097-001-036
 Property Address: 15 Clover Drive
 Owner: Tammy Murphy and Marcus Irwin Murphy
 Owner Address: 15 Clover Drive
 Owner Phone: (work) _____ (Cell) 802-343-1513
 (Email) Tamjmurph6@aol.com
 Tenants name: CountrySide Construction LLC Phone: 315-730-2277
 (or contractor) _____ Cell: _____
 Estimated Construction Dates: Start: 5/28/24 Completion: 6/10/24
 Sq. Feet: 120 Estimated Cost (labor & materials): \$6256.40

G

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

Residential:	<u>Bathroom</u>	N	A	R
Single Family		<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: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms _____

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 W/A

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.

Remodeling 1/2 bath to 3/4 bath.
 Adding shower.

Signature of Tenant and
 Signature of Owner 

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$75	5/13/24
Recreation		\$	1/1
Recording		\$15	5/13/24
Certificate of Occ		\$	1/1
Other		\$	1/1

Building Permit
 Approved Rejected Date 5/14/24

Issued to: T + M Murphy

Zoning Administrator: Garon 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**