

Appeal Period Expires 4/19/24
Zoning District R2

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

Application Date 1/1
Permit Number 2024-36

- 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: Tammy Murphy

Parcel Account Numb. (Map-Parcel-Lot) 2-097-001-036
Property Address: 15 Clover Drive East
Owner: Tammy & Marcus ^{Winn} Murphy
Owner Address: 15 Clover Drive
A Owner Phone: (work) 802-343-1513 (Cell) _____
(Email) tammymurph@aol.com
Tenants name: _____ Phone: _____
(or contractor) Cell: _____
Estimated Construction Dates: Start: 4/19/24 Completion: 4/19/25
Sq. Feet: 10x10 shed Estimated Cost (labor & materials): \$3300

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

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
90' Proposed shed
 Existing shed
2' side
1008
Signature of Tenant and
Signature of Owner Tammy Murphy

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	<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"/>
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 checked="" 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"/>

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		<u>\$ 75</u>	<u>4/3/24</u>
Recreation		\$	<u>1/1</u>
Recording		<u>\$ 15</u>	<u>4/3/24</u>
Certificate of Occ		\$	<u>1/1</u>
Other		\$	<u>1/1</u>

Approved Rejected Date 4/3/24
Issued to: T + M Murphy
Zoning Administrator: Sharon Kelly
Notes: _____
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