

Appeal Period Expires 7/5/24
 Zoning District R-2

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

Application Date 6/5/2024
 Permit Number 2024-111

- 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) 2-097003-804
 Property Address : 16 Clover Drive Unit 8D, Essex, VT 05452
 Owner: Elizabeth Green + Sean Danyow
 Owner Address: 16 Clover Drive Unit 8D, Essex, VT 05452
 Owner Phone: (work) _____ (home) _____
 (cell) 802-373-3009 (Email) egreenvt1993@gmail.com
 Contractor Pella
 Tenants name: _____ Phone: _____ Cell: _____
 Estimated Construction Dates: Start 8/5/2024 Completion: 9/15/2024
 Sq. Feet: _____ Estimated Cost (labor & materials): \$5864.98

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 checked="" 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 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"/>

Windows

B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Septic Connection Fee \$ _____ Date Paid: ___/___/___
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application).
 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.

G see attached

Signature of Tenant and _____ See attached CoW for signature
 Signature of Owner _____

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>6/20/24</u>
Recreation		\$ _____	___/___/___
Recording		\$ <u>15</u>	<u>6/20/24</u>
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___

Building Permit
 Approved Rejected Date 6/20/24

Issued to: E Green + S Danyow
 Zoning Administrator: [Signature]

Notes: _____

C.O. Required Yes No

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



Pella Products Inc.
155 Main Street
Greenfield, MA 01301

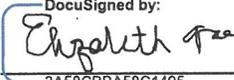
To Whom it may Concern:

I, Elizabeth Green, as property owner, give permission to our contractor, Pella Products Inc. to obtain a building permit for the installation of windows and/or doors in my home.

Located at; 16 Clover Drive Unit 8D
Essex VT 05452

Please accept this letter in place of my signature on the permit application.

Thank you,

Signature: 
3A58CBBA58C1495...

Date: 5/5/2024