

Appeal Period Expires 2/8/24
 Zoning District R2

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

Application Date 11/23/24
 Permit Number 2024-4

- 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: Norman Barber

A Parcel Account Numb. (Map-Parcel-Lot) 2- 045020001

Property Address : 3A CLARA HILL LAKE

Owner: NOAMAN & SHARON M BARBER

Owner Address: 3A CLARA HILL LAKE

Owner Phone: (work) 802-3639269 (Cell) 556 3717

(Email) _____

Tenants name: SELF Phone: _____
 (or contractor) Cell: _____

Estimated Construction Dates: Start: 3/15/24 Completion: 6/15/24

Sq. Feet: 144 Estimated Cost (labor & materials): \$ 2,000

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

Residential:

Single Family	N	A	R
	<input type="checkbox"/>	<input checked="" 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 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"/>
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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 EXISTING

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 connecting garage to living space. see attachment.

Signature of Tenant and Signature of Owner Norman Barber

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>1/1/24</u>
Recreation		\$ _____	<u>02/24</u> K.S.
Recording		\$ <u>15</u>	<u>1/1</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Approved Building Permit Rejected Date 1/24/24

Issued to: N. + S. BARBER

Zoning Administrator: Sharon 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

NORMAN BARBER
3A CLARA HILL LANE
802 556 3717
ESTIMATED COST \$2,000

