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Appeal Period Expires <u>10/9/24</u> Zoning District <u>R2</u>	<b>Town of Essex, Vermont</b> <b>Application for Zoning Permit</b> (Building Permit)	Application Date <u>9/19/24</u> Permit Number <u>2024-180</u>
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- 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) 2-098 001 079

Property Address: 19 CEDAR ST ESSEX TOWN VT

Owner: MATTHEW & CLARE M HEMPHILL

Owner Address: 19 CEDAR ST ESSEX TOWN VT

Owner Phone: (work) 802 734-5636 (Cell) 802 734 5636

(Email) hemphill.matt@gmail.com

Tenants name: N/A Phone: \_\_\_\_\_

(or contractor) After the fact Cell: \_\_\_\_\_

Estimated Construction Dates: Start: 9/01/1998 Completion: 10/01/1998

Sq. Feet: APPROX 500 SQ FT Estimated Cost (labor & materials): \$7,000

**G**

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

**N = New A = Addition R = Remodel**

*Residential: bedroom over garage*

Single Family	<input type="checkbox"/> N	<input type="checkbox"/> A	<input checked="" type="checkbox"/> R
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: \_\_\_/\_\_\_/\_\_\_

Proposed New Bedrooms: 1 Existing Bedrooms 3

**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: \_\_\_/\_\_\_/\_\_\_ N/A

**E**

**Stormwater** N/A

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.



**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>15-</u>	<u>9/24/24</u>
Recreation		\$ _____	<u>9/24/24</u>
Recording		\$ <u>15-</u>	___/___/___
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___

Approved  Rejected  Date 9/24/24

Issued to: Matthew & Clare M. Hemphill

Zoning Administrator: Sharon Kelley

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**

**F Diagram** – Provide diagram here and include all setbacks