

Appeal Period Expires 2/15/24  
 Zoning District R1

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

Application Date 1/9/2024  
 Permit Number 2024-5

- 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:** Quinn Reid

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-011-012-000  
 Property Address : 84 Bixby Hill Road  
 Owner: Quinn Reid  
 Owner Address: 84 Bixby Hill Road, Essex  
 Owner Phone: (work) \_\_\_\_\_ (Cell) (802) 355-0635  
 (Email) quinnconceivable@gmail.com  
 Tenants name: no tenant yet Phone: \_\_\_\_\_  
 (or contractor) Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 2/1/2024 Completion: 2/15/2024  
 Sq. Feet: 660 Estimated Cost (labor & materials): \$ 8,000

**G**

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

**Residential:** ACC. APT. 2ND LEVEL

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"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>

**B** Sewage Disposal (Please attach Sewer and/or State Septic Approval).  
 Public  Septic  Connection Fee \$ n.a. Date Paid: 1/1/24  
 Proposed New Bedrooms: 1 Existing Bedrooms 2  
septic as approved 4 beds

**C** Water (Please attach Water Service Application if applicable).  
 Public  Well  Fee \$ n.a. Date Paid: 1/1/24

**D** Driveway (Please attach copy of approved Curbcut / Utility Application).  
 Date of approval : 1/1/24 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.

See attached

Signature of Tenant and  
 Signature of Owner Quinn P Reid

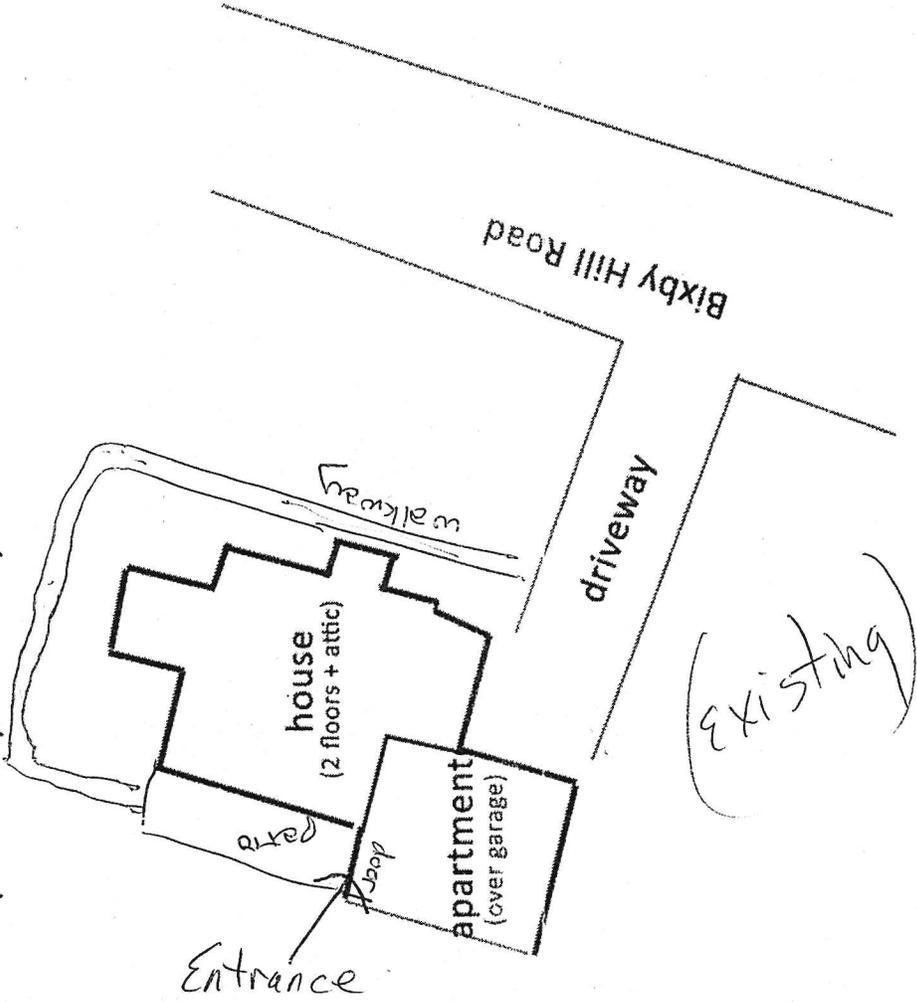
**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75.</u>	<u>1/25/24</u>
Recreation		\$	<u>1/1/24</u>
Recording		\$ <u>30.</u>	<u>1/25/24</u>
Certificate of Occ		\$ <u>100.</u>	<u>1/25/24</u>
Other		\$	<u>1/1/24</u>

Building Permit  
 Approved  Rejected  Date 1/31/24  
 Issued to: Quinn I. Reid  
 Zoning Administrator: Shawn 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**

Location of apartment (84B Bixby Hill Road) in relation to house and driveway



# Apartment floorplan: 84B Bixby Hill Road

