

Appeal Period Expires 7/8/23
 Zoning District R2

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

Application Date 1/1
 Permit Number 2023-104

- 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) 2-054-003-000
 Property Address: 45 WILSON'S END PLACE
 Owner: RICHARD BOFFARD
 Owner Address: P.O. Box 1068 SERRICHO VT
 Owner Phone: (work) _____ (home) _____
 (cell) 802-735-5213 (Email) richboffard@gmail.com
 Tenants name: _____ Phone: _____
 Cell: _____
 Estimated Construction Dates: Start: 2/10/23 Completion: 6/1/23
 Sq. Feet: 1440 Estimated Cost (labor & materials): \$ 200,000

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 checked="" 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"/>	<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 or Septic Application).
 Public Septic Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: 2 Existing Bedrooms WW-4-5511

C Water (Please attach Water Service Application).
 Public Well Fee \$ 1,826 Date Paid: 6/8/23

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 1/1/23

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 TO BE constructed Pursuant to Planning Commission Approval #PC 2021-20-7 Issued 7-8-21
 Signature of Tenant and Signature of Owner *[Signature]*

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>540</u>	<u>6/8/23</u>
Recreation		\$ <u>473</u>	<u>6/8/23</u>
Recording		\$ <u>30</u>	<u>6/8/23</u>
Certificate of Occ		\$ <u>100</u>	<u>6/8/23</u>
Other		\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 6/23/23
 Issued to: *[Signature]*
 Zoning Administrator: *[Signature]*
 Notes: RBS needed
 C.O. Required Yes No

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