

Appeal Period Expires 7/18/24 Town of Essex, Vermont
 Zoning District MXD-POD (R2) **Application for Zoning Permit**
 (Building Permit) Application Date 6/26/23
 Permit Number 2023-112

- 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) 2-090-006-147
 Property Address: 45 Washington Circle
 Owner: JD Essex LLC (Brad Dousevicz)
 Owner Address: 21 Cornichuel St #201 Essex
 Owner Phone: (work) _____ (home) _____
 (cell) 802-338-9367 (Email) dousevicz@gmail.com
 Tenants name: _____ Phone: _____
 Cell: _____
 Estimated Construction Dates: Start: 7/10/23 Completion: 6/10/24
 Sq. Feet: 1488 Estimated Cost (labor & materials): \$350,000

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 checked="" 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 type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inclusions or Additions:</i>			
Garage (attached) (detached)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input checked="" 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"/>

B Sewage Disposal (Please attach Sewer or Septic Application). village
 Public Septic Connection Fee \$ 840.00 Date Paid: 1/1
 Proposed New Bedrooms: 3 Existing Bedrooms Terry

C Water (Please attach Water Service Application).
 Public Well Fee \$ 2,180 Date Paid: 6/28/23

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

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:2017-20, issued on 6-22-2017
 Signature of Tenant and Signature of Owner [Signature] 6-18-2019

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>945.00</u>	<u>6/28/23</u>
Recreation		\$ <u>678.00</u>	<u>6/28/23</u>
Recording		\$ <u>30.00</u>	<u>6/28/23</u>
Certificate of Occ		\$ <u>100</u>	<u>6/28/23</u>
Other		\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 7/3/23
 Issued to: JD Essex LLC
 Zoning Administrator Stacy Kelley
 Notes: [Handwritten 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**

John A. [Signature]

Town of Essex Application for Water Service

Revised Dec 2022

The undersigned, being the owner / owner's agent of the property located at:

Street Address: 45 Washington Circle Essex Development: _____

Tax Map # 090 Tax Parcel 006 Tax Lot 147

Does hereby request a permit to initiate water service as noted below to
serve _____ unit(s) Residential Commercial Industrial structure

Installer / Contractor:

Name: SO Fresh
Address: 193 Ind Ave.
Email: _____
Phone: 802-863-6226

Property Owner:

Name: JD Essex LLC
Address: 21 Commercial St #201
Email: dousevicz@gmail.com
Phone: 802-238-9367

Firm Performing Main Line Tap:

Name: Benowe
Address: _____
Email: _____
Phone: 802-864-7156

- 1.) The above requested service includes the installation of a 3/4" x 5/8" water meter for residential use and up to a 2" simple meter for non-residential use. The information necessary to determine the correct meter size shall be supplied by the applicant (minimum to maximum range of use). Meters 5/8", 3/4" and 1" shall be installed by the Town. Meters above 1" shall be installed by the owner/applicant or qualified representative.
- 2.) Property owner / agent is responsible for and must provide all necessary excavation from the main to the building or structure.
- 3.) Property owner / agent agrees to provide the Town a minimum of 24 hours notice prior to installation for inspection purposes. No part of the water line may be covered until it has been inspected by the Town Representative.
- 4.) Property owner / agent agrees to restore all disturbed areas to original condition after the installation of said water service.
- 5.) The water service can be turned on only by an employee of the Town of Essex Water Department.
- 6.) Meter spacers must be obtained from the Town of Essex Water Department.
- 7.) The owner / agent agrees that all installation and work will conform to the Town Public Works Specifications and the Water Ordinance and Regulations of the Town of Essex.

8.) In consideration of water service supplied by the Town of Essex Water Department, I agree to be responsible for payment of all bills rendered and for all water used by me, my tenants, successors in tenancy or in ownership, and all persons at above locations, unless and until proper notice is given to the Town Water Department of termination of service on a specific date. I also agree to abide by all rules and regulations established by the Essex Water Department.

Signed: [Signature] Date: 06/26/23

PLEASE MAKE CHECK PAYABLE TO TOWN OF ESSEX WATER AND SEWER DEPARTMENT.
DO NOT COMBINE WITH ZONING PERMIT FEE.

All water services are subject to a service initiation fee as set by the Water/Sewer Fee Schedule adopted by the Selectboard. The following fee schedule shall apply to all municipal water connections.

FOR OFFICE USE ONLY:

200 gallons/day x \$ 5.90 = \$ 1,180 + \$1,000 = \$ 2,180

Connection Fee: \$ ✓ Rcvd by: APK Date: 06-28-23 Finance Notified

Approved by: [Signature] Date: 07-11-23 Letter Sent Finance Notified

Inspected by: _____ Date: _____ Tie Drawing Finance Notified

Meter Installed Date: _____

Master List Updated: Approved Inspected Metered

TOWN OF ESSEX, VERMONT
APPLICATION FOR CURB CUT / UTILITY PERMIT

Pursuant to Title 19 V.S.A. Section 43. Application for curb cut and Utility Installation In Town Right-of-Way

All applications for curb cuts and utility installations shall be submitted to the Director of Public Works / Town Engineer for review. Applicants shall submit the information requested on this form and any additional information requested by the Director of Public Works / Town Engineer for a clear understanding of this application. The permit is issued under authority of the Town Manager in accordance with Section 601 of the Town Charter and 24 V.S.A. paragraph 1236 (2).

Application No. 2023-1 / _____
Date

Property Address: 45 Washington Circle

Owner Address: 21 Carmichael St #201 Essex

Owner Name: TD Essex LLC

Phone Number: (home) _____ (work) _____ (cell) 802-238 9367

Tax Map # 090 Tax Parcel 006 Tax Lot 147

Application is for: (check one)

A) New Curb Cut B) Utility Installation: Overhead Underground

Please use attached diagram to describe location and type of installation.

Comments by Director of Public Works / Town Engineer:

Culvert: Yes No Water Bar(s): Yes No

Culvert Diameter: (18 inch minimum) _____ Total length of Culvert: (30 foot minimum) _____

*** FOR OFFICE USE ONLY ***

Signature of Owner:
[Signature]

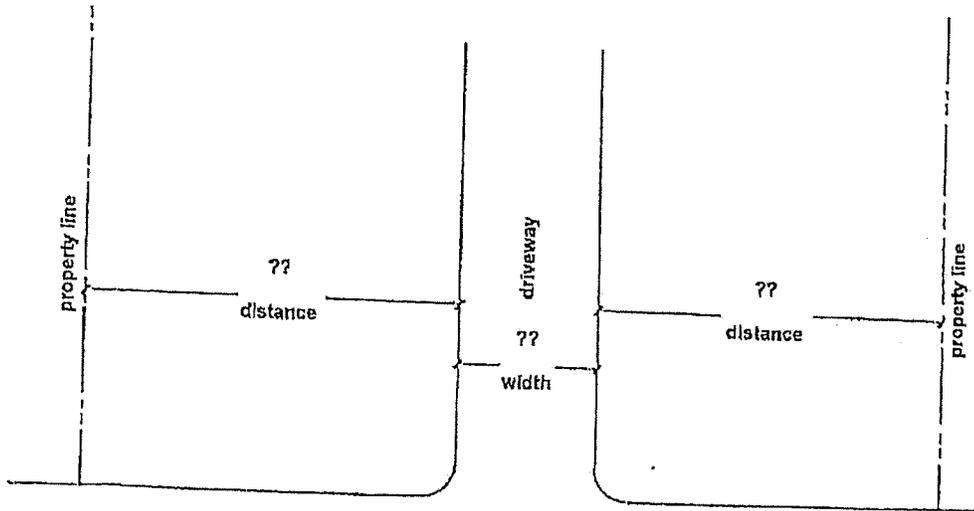
Fee Paid \$ N/A

Approved Rejected

[Signature] 7/12/23
Per Authority of the Town Manager by the
Director of Public Works / Town Engineer

1. Culvert must be HIGH DENSITY POLYETHYLENE (HDPE) PIPE
2. Culvert will be purchased by the Applicant
3. Culvert will be purchased and installed by the applicant. The Town of Essex Department of Public Works will inspect.

Note: A MINIMUM OF 24 HOURS NOTICE IS REQUIRED PRIOR TO COMMENCEMENT OF CONSTRUCTION. WITHIN 24 HOURS OF COMPLETION, THE APPLICANT IS REQUIRED TO NOTIFY THE DIRECTOR OF PUBLIC WORKS / TOWN ENGINEER FOR INSPECTION PURPOSES.



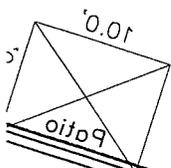
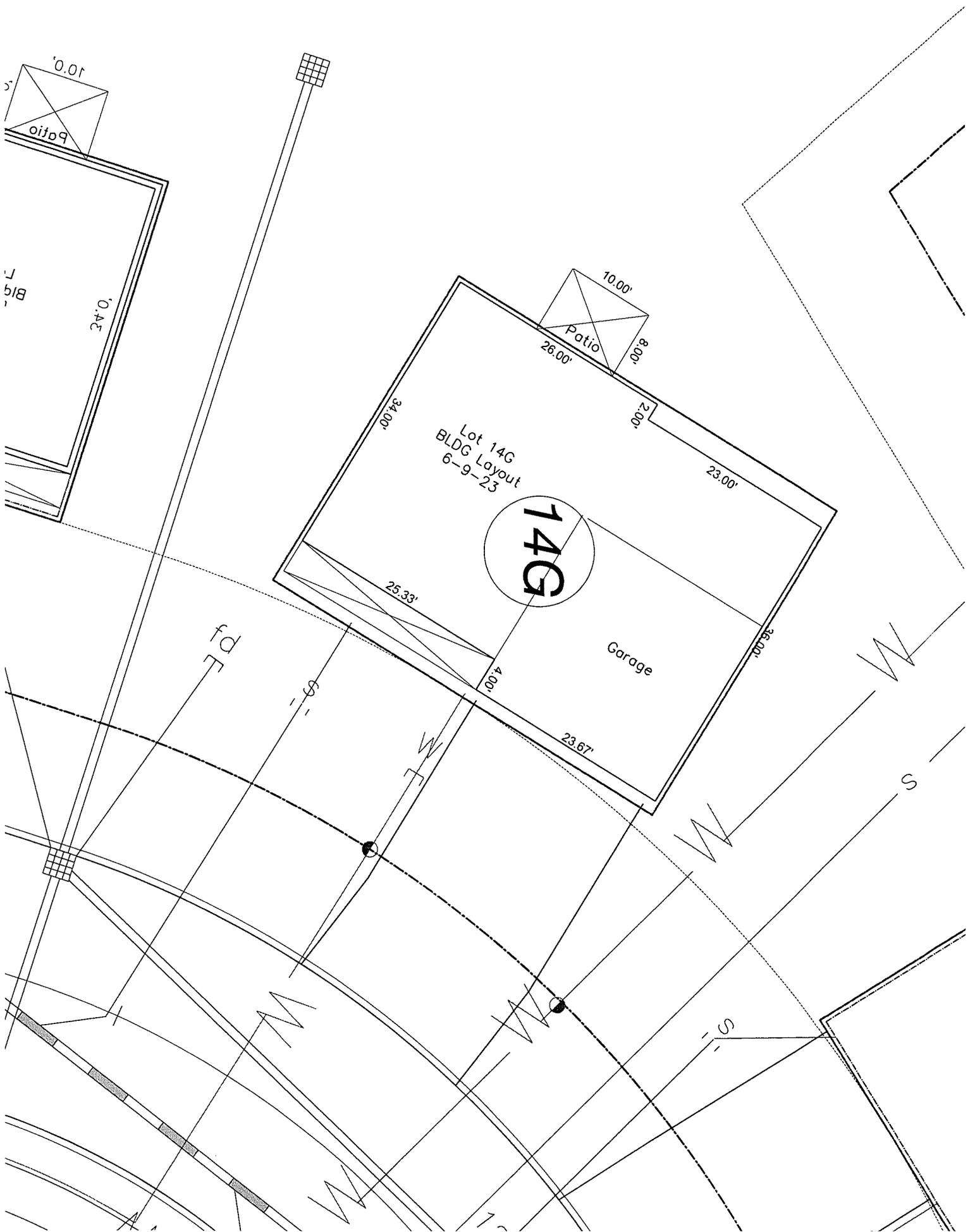
Washington Circle, 45
STREET NAME

Comments and / or special instructions from Director of Public Works / Town Engineer :

TO BE CONSTRUCTED AS PER THE
APPROVED SITE PLAN.

- DSG 7/11/23

NOTE: A MINIMUM OF 24 HOURS IS REQUIRED PRIOR TO COMMENCEMENT OF CONSTRUCTION. WITHIN 24 HOURS OF COMPLETION, THE APPLICANT IS REQUIRED TO NOTIFY THE DIRECTOR OF PUBLIC WORKS / TOWN ENGINEER FOR INSPECTION PURPOSES.



14G

Lot 14G
BLDG Layout
6-9-23

Garage

Patio

fd

S

Blg

34.00'

10.00'

Patio

34.00'

2.00'

23.00'

10.00'

8.00'

26.00'

25.33'

4.00'

23.67'

36.00'

CITY OF ESSEX JUNCTION WATER/SEWER SERVICE

Note: applications to be attached to other applications, if service is requested. See our fee schedule to determine costs. Attach a site plan drawn to scale with the route of the water/sewer service from the main to the building including the hook-up location and size of the service.

Property location/address 45 Washytn Circle Essex
Property Owner/address 50 Essex 21 Commercial St #201 Essex
Day Phone Number 802-238-4367
Installer name/address _____ Day Phone Number _____

WATER SERVICE/ZONING APPLICATION

To serve _____ residential or _____ commercial units.

Size of service _____ inch. Type of pipe _____

Connection requested for:

{ } Public main { } Private water system (Other approvals required)

Fee Amount:

I certify that the information on this application is true and correct. I agree to abide by all of the rules and regulations as specified in the Land Development Code and any conditions placed upon approval of this application. I will notify the City at least 48 hours (excluding holidays and weekends) in advance when the water is ready for inspection and connection to the public water. I understand that no portion of the line may be covered until the City has inspected the line.

Applicant _____ Date _____

SEWER SERVICE/ZONING APPLICATION

To Serve 1 residential or _____ commercial units.

Size of service) 8 inch. Type of pipe PVC

Connection requested for:

{ } Public main { } Private water system (Other approvals required)

Fee Amount:

No. of bathrooms _____ full _____ 3/4 _____ 1/2 No. of kitchens _____
Other fixtures, please specify: _____

I certify that the information on this application is true and correct. I agree to abide by all the rules and regulations as specified in the Land Development Code and any conditions placed upon the approval of this application. I will notify the City at least 48 hours (excluding holidays and weekends) in advance when the sewer line is ready for inspection and connection to the public sewer. I understand that no portion of this line may be covered until the City inspected it.

Applicant [Signature] Date 6/26/23

STAFF ACTION

Date Received _____

Authorized Public Works Personnel _____ Date _____

Development Personnel _____ Date _____

Fee Verified:

Conditions, if any _____