

Appeal Period Expires 7/5/23  
 Zoning District AR & CZ

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

Application Date 1/1  
 Permit Number 2023-98

- 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.
- Signed: Verticalized to client

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-006-014-001  
 Property Address: 24 UPPER MAIN ST  
 Owner: ORMAND BUSHEY, Susan Bushey Trustee  
 Owner Address: PO BOX 330, 50. HERO VT 05486  
 Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 802 598-0407 (email) \_\_\_\_\_  
 Contractor: TOM WEAVER Phone: \_\_\_\_\_  
 Tenants name: \_\_\_\_\_ Cell: 802 316 0991  
 Estimated Construction Dates: Start: 7/15/23 Completion: 12/15/24  
 Sq. Feet: 3400 Estimated Cost (labor & materials): \$320,000

**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 checked="" 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 checked="" 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).  
 Public  Septic  Connection Fee \$ 0 Date Paid: 1/1

Proposed New Bedrooms 5 Existing Bedrooms see attached  
see attached www-4-5856

**C** Water (Please attach Water Service Application).  
 Public  Well  Fee \$ NONE Date Paid: 1/1  
see attached

**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** SEE ATTACHED  
NO ALL setbacks from well & septic to bldg & driveway to be met. (In addition to town setbacks)  
 Signature of Tenant and Signature of Owner Ormand Bushey Jr SK

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>864.00</u>	<u>6/20/23</u>
Recreation		\$ <u>628.00</u>	<u>1/1/23</u>
Recording		\$ <u>20</u>	<u>6/1/23</u>
Certificate of Occ		\$ <u>100.</u>	<u>1/1</u>
Other		\$ <u>1/1</u>	<u>1/1</u>

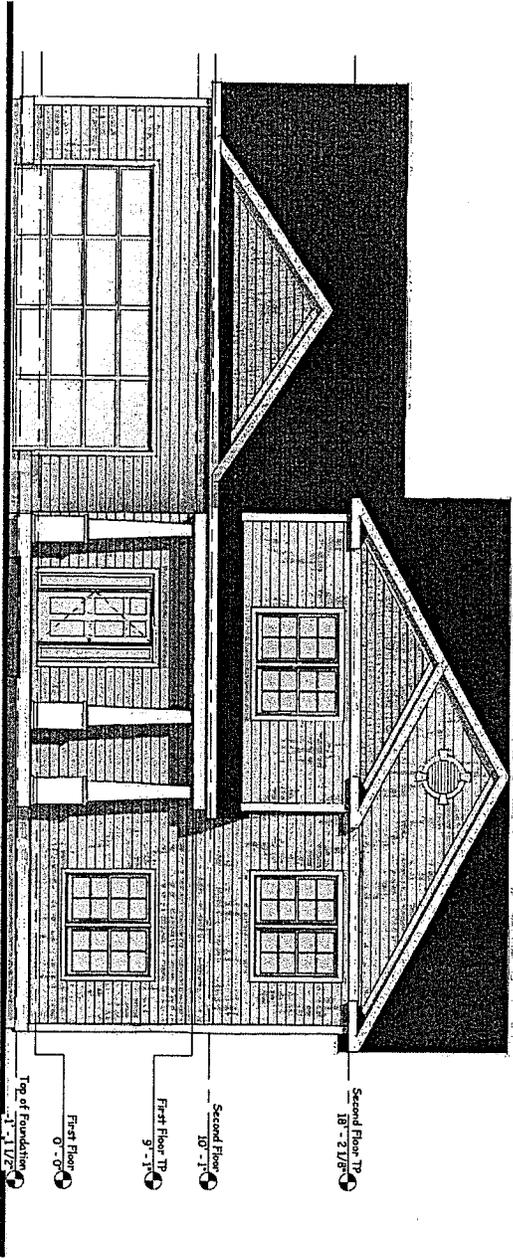
**Building Permit**  
 Approved  Rejected  Date 6/20/23

Issued to: Ormand Bushey  
 Zoning Administrator: Sharon Kelly

Notes: RBS info given

C.O. Required  Yes  No   
cert. of occupancy

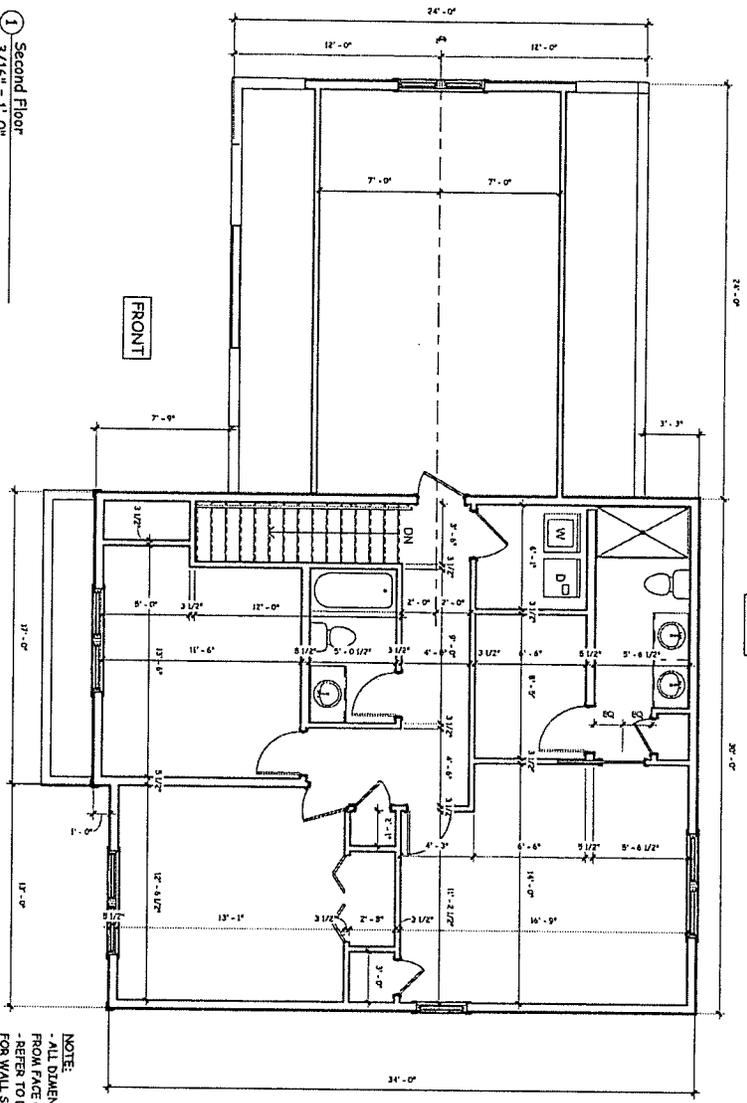
**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE  
 RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**



① Front Elevation  
3/16" = 1'-0"

FOR REVIEW  
NOT FOR CONSTRUCTION

SCALE: 3/16" = 1'-0"	DATE: 07/2018	SHEET NO:	FRONT ELEVATION	A-3.0
DRAWN BY: [Name]	DESIGNED BY: [Name]	PROJECT:		



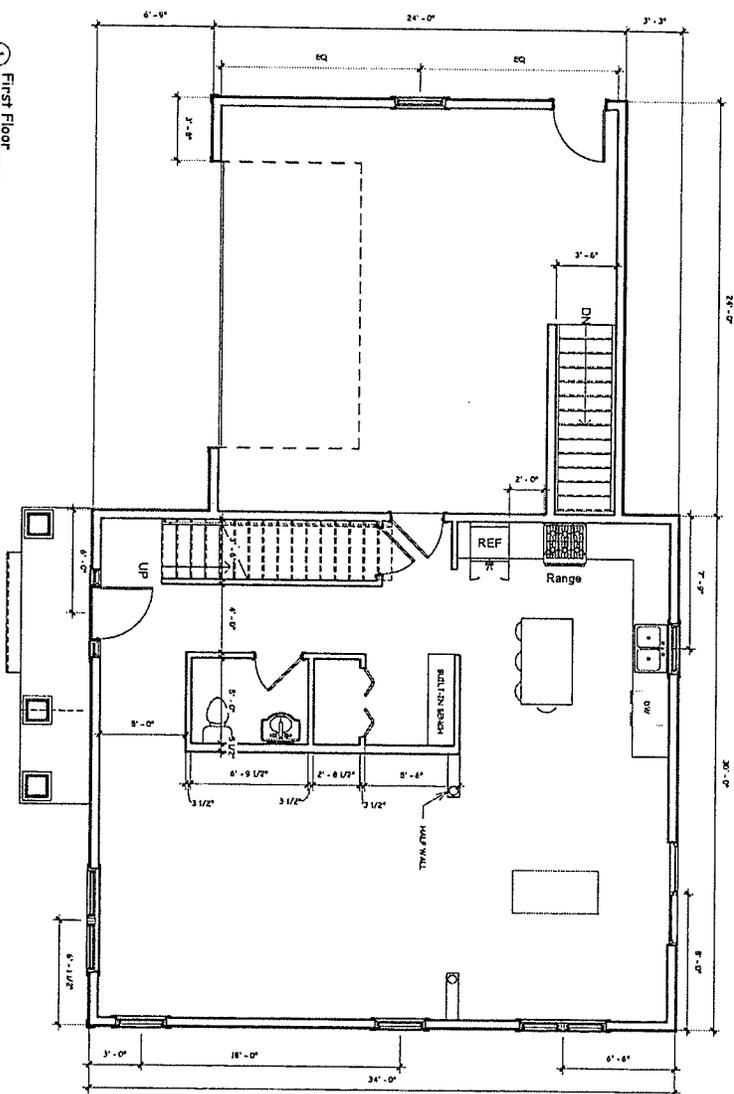
① Second Floor  
3/16" = 1'-0"

FOR REVIEW  
NOT FOR CONSTRUCTION

SCALE	3/16"=1'-0"	SHEET TITLE	SECOND FLOOR PLAN
DATE	8/7/08	PROJECT	A-2.1
DRAWN BY	AS		
CHECKED BY	AS		
PROJECT NO.	0200		

FOR REVIEW  
NOT FOR CONSTRUCTION

① First Floor  
3/16" = 1'-0"



SCALE: 3/16" = 1'-0"  
DATE: 10/15/10  
DRAWN BY: JAC  
CHECKED BY: GAD  
PROJECT: 1000

SHEET TITLE  
FIRST  
FLOOR PLAN

A-2.0

8/27/2010 10:13:25 AM

