

Appeal Period Expires 3/14/23 **Town of Essex, Vermont** Application Date 02/20/2023
 Zoning District RZ **Application for Zoning Permit** Permit Number 2023-21
 (Building Permit)

- 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: Ryan Austin, Nathan MacAlpine

Parcel Account Numb. (Map-Parcel-Lot) 2-079001-110

Property Address: 5 Timberlane Dr. Essex, VT 05452

Owner: Ryan and Stephanie Austin

Owner Address: 5 Timberlane Dr. Essex, VT 05452

Owner Phone: (work) 802-598-5343 (home) 802-598-5343
 (cell) 802-598-5343 (Email) RyanPAustin@gmail.com

Tenants name: N/A Phone: N/A Cell: _____

Estimated Construction Dates: Start: 2/21/2023 Completion: 5/31/2023
 Sq. Feet: 1400 (3000 total) Estimated Cost (labor & materials): \$ 110,000

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 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"/>
<i>Inclusions or Additions:</i>			
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"/>
<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 \$ _____ Date Paid: / /
 Proposed New Bedrooms: 2 Existing Bedrooms _____

C Water (Please attach Water Service Application).
 Public Well Fee \$ _____ Date Paid: / /

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

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 attached + over

Signature of Tenant and Signature of Owner [Signatures]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>291.00</u>	<u>2/24/23</u> RP
Recreation		\$ _____	
Recording		\$ <u>15.00</u>	
Certificate of Occ		\$ _____	
Other		\$ _____	

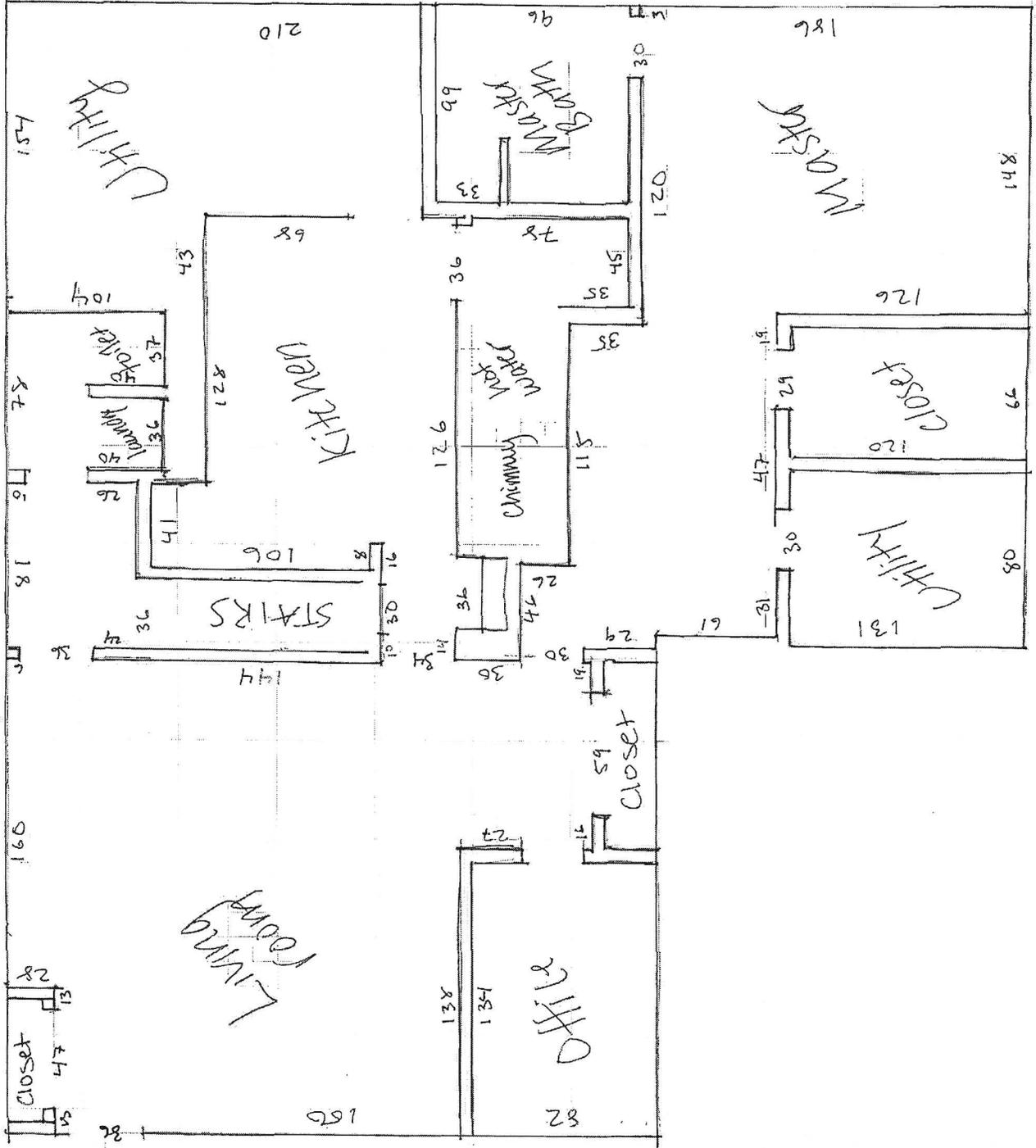
Approved Rejected Date 2/27/2023
 Issued to: Ryan P. + Stephanie H. Austin
 Zoning Administrator: Sharon Kelley
 Notes: _____
 C.O. Required Yes No
cert. of occupancy

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

. We will be

- * replacing flooring,
- * removing non supporting and room divider walls, adding other room dividing and non-supporting walls.
- * installing some support beams per design by a mechanical engineer,
- * new Sheetrock, paint and trim,
- * new cabinetry
- * new lighting
- * a natural gas fireplace

CURRENT LAYOUT



FUTURE LAYOUT

