

Sharon 878-1343

Appeal Period Expires 7.5.23
Zoning District AR

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

Application Date 1/1
Permit Number 2023-99

- 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 proposed and any easements, well or septic locations, etc.

SIGN HERE: Claw Army

A Parcel Account Numb. (Map-Parcel-Lot) 2008-021-019

Property Address: 12 Sleepy Hollow Road

Owner: Todd J. Gail Lamas

Owner Address: PO Box 8215, Essex 05451

Owner Phone: ^{Home} 802-518-5009 (home) _____
^{Cell} 802-316-1762 (Email) _____

Tenants name: _____ Phone: _____

Cell: _____

Estimated Construction Dates: Start: 1/1/23 Completion: 11/1/2023

Sq. Feet: 768 Estimated Cost (labor & materials): \$50,000 -

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

Residential:

Single Family	<input type="checkbox"/>	<input checked="" 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"/>

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"/>
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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"/>

Acc. Apt. Hookup

B Sewage Disposal (Please attach Sewer or Septic Application). N/A

Public Septic Connection Fee \$ _____ Date Paid: 1/1

Proposed New Bedrooms: 1 Existing Bedrooms: 3
See WW-4-2646 approved as 4 bedrooms

C Water (Please attach Water Service Application). N/A

Public Well Fee \$ _____ Date Paid: 1/1
WW-4-2646 (see permit # 2008-121)

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

Date of approval 1/1 N/A

E Stormwater N/A

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 ww permit attached to 2.p. # 2008-121.

Signature of Tenant and Signature of Owner Claw Army

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>135.-</u>	<u>6/20/23</u>
Recreation		\$ _____	_____
Recording		\$ <u>30.-</u>	_____
Certificate of Occ		\$ <u>100.-</u>	_____
Other		\$ _____	_____

Building Permit

Approved Rejected Date 6/20/23

Issued to Todd J. Gail Lamas

Zoning Administrator: Sharon Kelley

Notes: Rbes informed

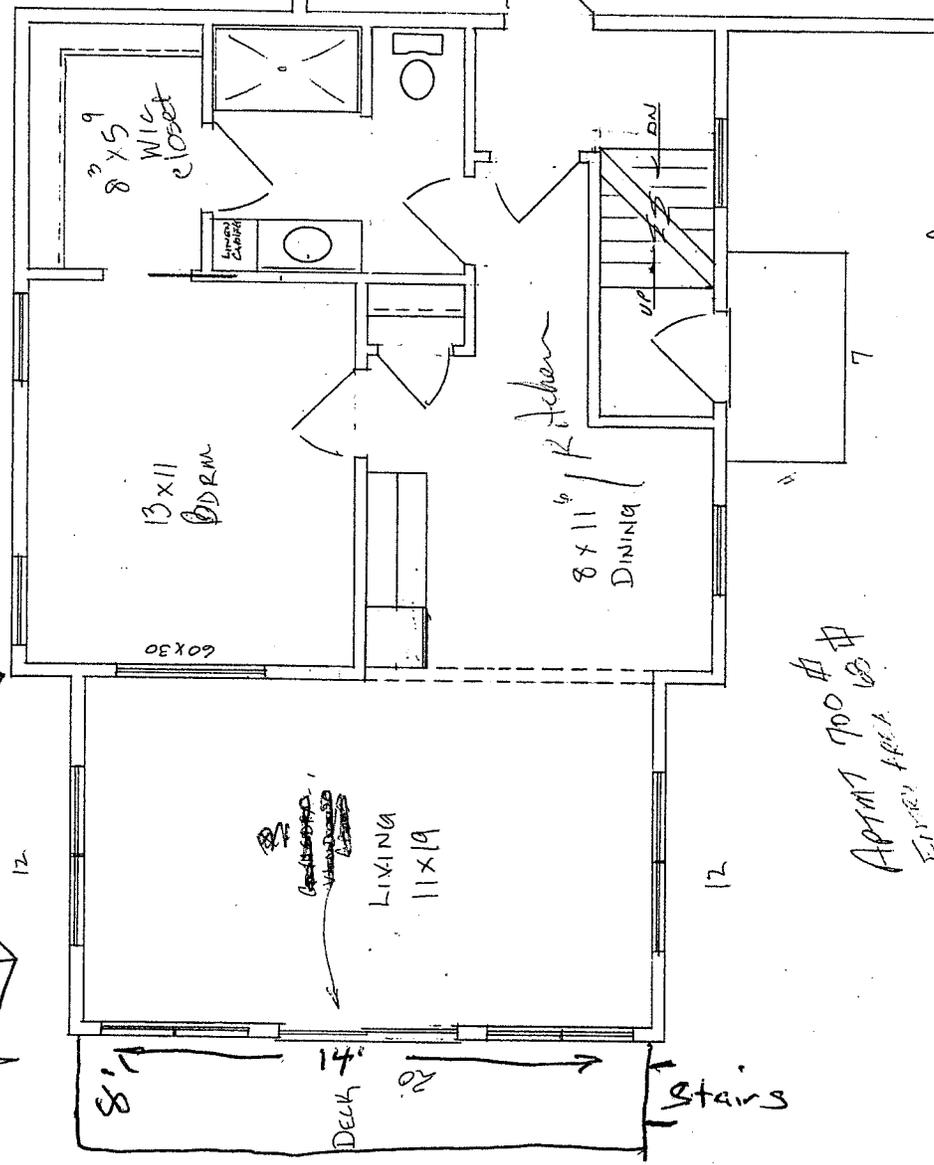
C.O. Required Yes No

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

convert
OLD GARAGE

12m
15'

Addition



existing house 2260 s.f.
Apt 760 s.f. (doesn't exceed 900 s.f.)

APMT 700 # 12 #
DUAL ENTRY FLOOR

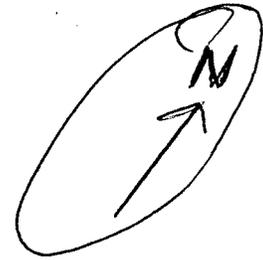
Accessory Apt

ACCESSORY UNIT

House

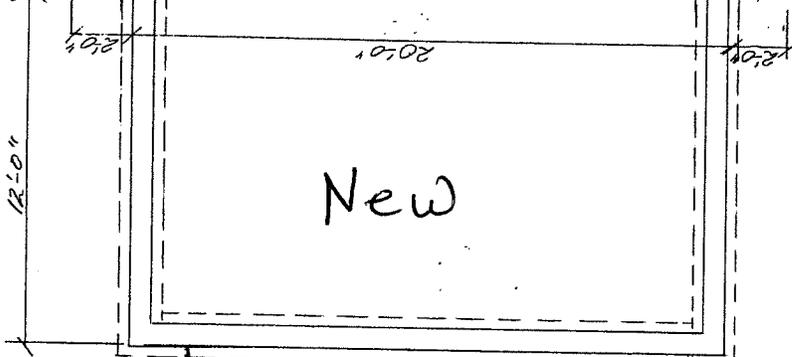
450' Back of lot to Back of septic tank

Existing Garage
Turning into living space of ACCESSORY UNIT

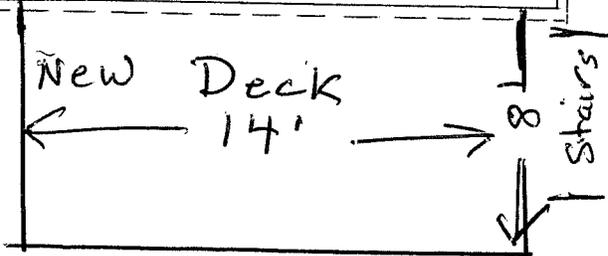


200' 4 of Drive

Well 15'



New



MAX 8'x20'

Moond

Shared Driveway

