

Appeal Period Expires 2/11/23
Zoning District AR

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

Application Date 1/18/2023
Permit Number 2023-12

- 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: David Shea

Parcel Account Numb. (Map-Parcel-Lot) 2- <u>008 007 000</u>		G	
A	Property Address: <u>21 Saxon Hill Rd</u>	Check box(es) which describe proposed use or construction (circle choice in parenthesis).	
	Owner: <u>NINA A. CURTIS / JENN GOLDMAN</u>	N = New A = Addition R = Remodel	
	Owner Address: <u>18 Deer Crossing Ln</u>	Residential:	
	Owner Phone: (work) _____ (home) _____	Single Family <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/>	
	(cell) <u>802-922-0536</u> (email) _____	Two-family (duplex)(other) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Email: <u>ninecurtiss@gmail.com</u>		Multi-family <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Tenants name: _____ Phone: _____		Condominium / Townhouse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cell: _____		Mobile home <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Estimated Construction Dates: Start: <u>2/15/23</u> Completion: <u>6/15/23</u>		Inclusions or Additions:	
Sq. Feet: <u>2002</u> Estimated Cost (labor & materials): \$ <u>49,820</u>		Garage (attached) (detached) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B Sewage Disposal (Please attach Sewer or Septic Application). <u>NA</u>		Porch (enclosed) (open) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Public <input type="checkbox"/> Septic <input type="checkbox"/> Connection Fee \$ _____ Date Paid: ___/___/___		Deck <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Proposed New Bedrooms: _____ Existing Bedrooms _____		Pool (in) (above) ground <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C Water (Please attach Water Service Application). <u>NA</u>		Shed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Public <input type="checkbox"/> Well <input type="checkbox"/> Fee \$ _____ Date Paid: ___/___/___		Barn (residential) (agriculture) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
D Driveway (Please attach copy of approved Curbcut / Utility Application).		Non-residential:	
Date of approval ___/___/___ <u>NA</u>		Commercial / Industrial <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
E Stormwater <u>NA</u>		Stormwater:	
<input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.		Stormwater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> 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.		Erosion Control <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.		Other: <u>DEMOLITION</u> <input checked="" type="checkbox"/>	
G		Change in use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Agent of property owner		Miscellaneous <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Signature of Tenant and Signature of Owner <u>David Shea</u>		Renewal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		Office Use Only	
		Fees: Type Amount Date Pd	
		Permit \$ <u>75.00</u> <u>1/19/23</u>	
		Recreation \$ _____ <u>1/19/23</u>	
		Recording \$ <u>15.00</u> <u>1/19/23</u>	
		Certificate of Occ \$ _____	
		Other \$ _____	
		Building Permit	
		Approved <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Date <u>1/27/23</u>	
		Issued to: <u>Curtis Goldman</u>	
		Zoning Administrator: <u>Sharon Kelley</u>	
		Notes: <u>contact state for LEAD/ASBESTOS</u>	
		C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

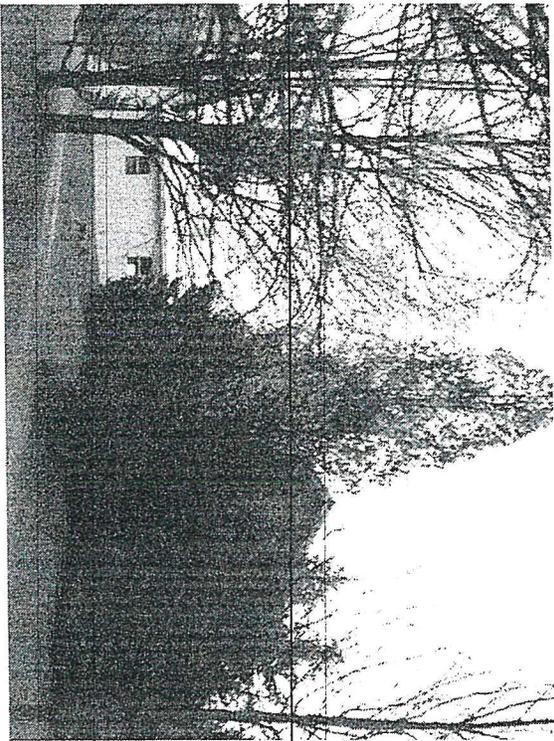
THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED

02/13/17

dshea@completedemotionservice.com

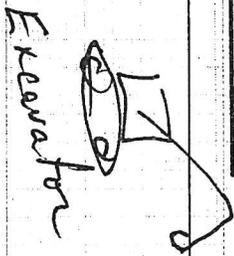
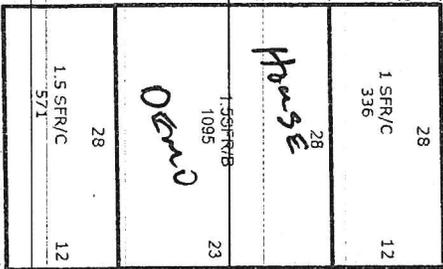
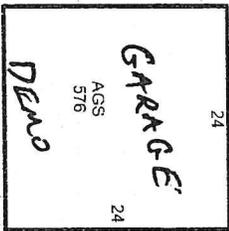
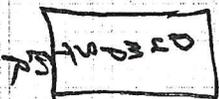
F Diagram - Provide diagram here and include all setbacks

PARCEL 2008007000



Sketch Updated: 12/13/17

Date Printed 11/



DRIVE WAY

- ① House is > 50ft From Property lines
- ② House will be demolished + shed. + hauled to the landfill
- ③ FOUNDATION WILL BE DEMOLISHED

Alexzia Potts

From: David Shea, Complete Demolition Service LLC
<dshea@completedemolitionservice.com>
Sent: Thursday, January 19, 2023 11:49 AM
To: Alexzia Potts
Subject: FW: Demolition permit

⚠: This email originated from **OUTSIDE** our organization. **STOP & CONSIDER** before responding, clicking on links, or opening attachments.

David Shea, Owner
Complete Demolition Service LLC
408 Sam Webb Rd
Fairfax, VT 05454
802-782-2409
www.completedemolitionservice.com

----- Original message -----

From: Nina Curtiss <ninacurtiss@gmail.com>
Date: 1/19/23 8:54 AM (GMT-05:00)
To: skelley@essex.org
Cc: David Shea <dshea@completedemolitionservice.com>, glenn goldman <glenn.goldman48@gmail.com>
Subject: Demolition permit

Hi Sharon,

I hope you're well. I wanted to let you know that we have contracted with Dave Shea of Complete Demolition Service, cc'd here, to work with us to take down the house at 21 Saxon Hill Rd. He will be dropping off the demolition permit to you and I wanted to let you know that he has our permission to sign as our agent.

Please let me know if you have any other questions.

Thank you,

Nina Curtiss

(802) 922-0536

This message contains confidential information and is intended only for the individual(s) addressed in the message. If