

Appeal Period Expires 11/1/23
 Zoning District A2

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

Application Date 1/1
 Permit Number 2023-158

- 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: Don Weston

A Parcel Account Numb. (Map-Parcel-Lot) 2- 048-004-001
 Property Address: 87 Pinecrest Dr Westford VT
 Owner: DON WESTON dba SMW, LLC
 Owner Address: 349 COMMERCE ST WILLISTON VT
 Owner Phone: (work) 802-238-7652 (Cell) _____
 (Email) DR.WESTON.23@AOL.COM
 Tenant name: Ken Mitchell Landscaping Phone: _____
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: 11/1/23 Completion: 12/31/23
 Sq. Feet: 0 Estimated Cost (labor & materials): \$ 520K

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 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"/> |

site work only

B Sewage Disposal (Please attach Sewer and/or State Septic Approval).
 Public Septic Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application if applicable).
 Public Well Fee \$ NA Date Paid: 1/1

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval: 1/1/23

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 Clear cut only pursuant to P.C. approval. NO utilities to be installed except for waterline repairs Pinecrest.
 Signature of Tenant and Signature of Owner Don Weston

Office Use Only

| Fees: | Type | Amount | Date Pd |
|--------------------|------|---------------|-----------------|
| Permit | | \$ <u>75.</u> | <u>10/17/23</u> |
| Recreation | | \$ _____ | _____ |
| Recording | | \$ <u>15.</u> | _____ |
| Certificate of Occ | | \$ _____ | _____ |
| Other | | \$ _____ | _____ |

Building Permit
 Approved Rejected Date 10/17/23

Issued to: SMW Investments LLC
 Zoning Administrator: Sharon Kelley

Notes: _____
 C.O. Required Yes No
 (Certificate of Occupancy)

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