

Appeal Period Expires <u>7/11/23</u> Zoning District <u>AR</u>	<b>Town of Essex, Vermont</b> <b>Application for Zoning Permit</b> (Building Permit)	Application Date <u>1/1</u> Permit Number <u>2023-108</u>
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- 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:** Kimberly Vannest JV

**A** Parcel Account Numb. (Map-Parcel-Lot) 2- 015-030-000

Property Address: 72 Osgood Hill Rd.

Owner: Kimberly Vannest

Owner Address: 72 Osgood Hill Rd.

Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 802-881-6840 Email) kvannest@gmail.com

Tenants name: n/a Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Estimated Construction Dates: Start 8/1/23 Completion: 11-1-23

Sq. Feet: 4826 Estimated Cost (labor & materials): \$ 5,000

**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 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 checked="" 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"/>

*used HOOP BARN*

**B** Sewage Disposal (Please attach Sewer or Septic Application).

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

Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

**C** Water (Please attach Water Service Application).

Public  Well  Fee \$ \_\_\_\_\_ Date Paid: 1/1

**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

Signature of Tenant and Signature of Owner K Vannest

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>6/26/23</u>
Recreation		\$ _____	_____
Recording		\$ <u>15.00</u>	_____
Certificate of Occ		\$ _____	_____
Other		\$ _____	_____

**Building Permit**

Approved  Rejected  Date 6/26/23

Issued to: Kimberly Vannest

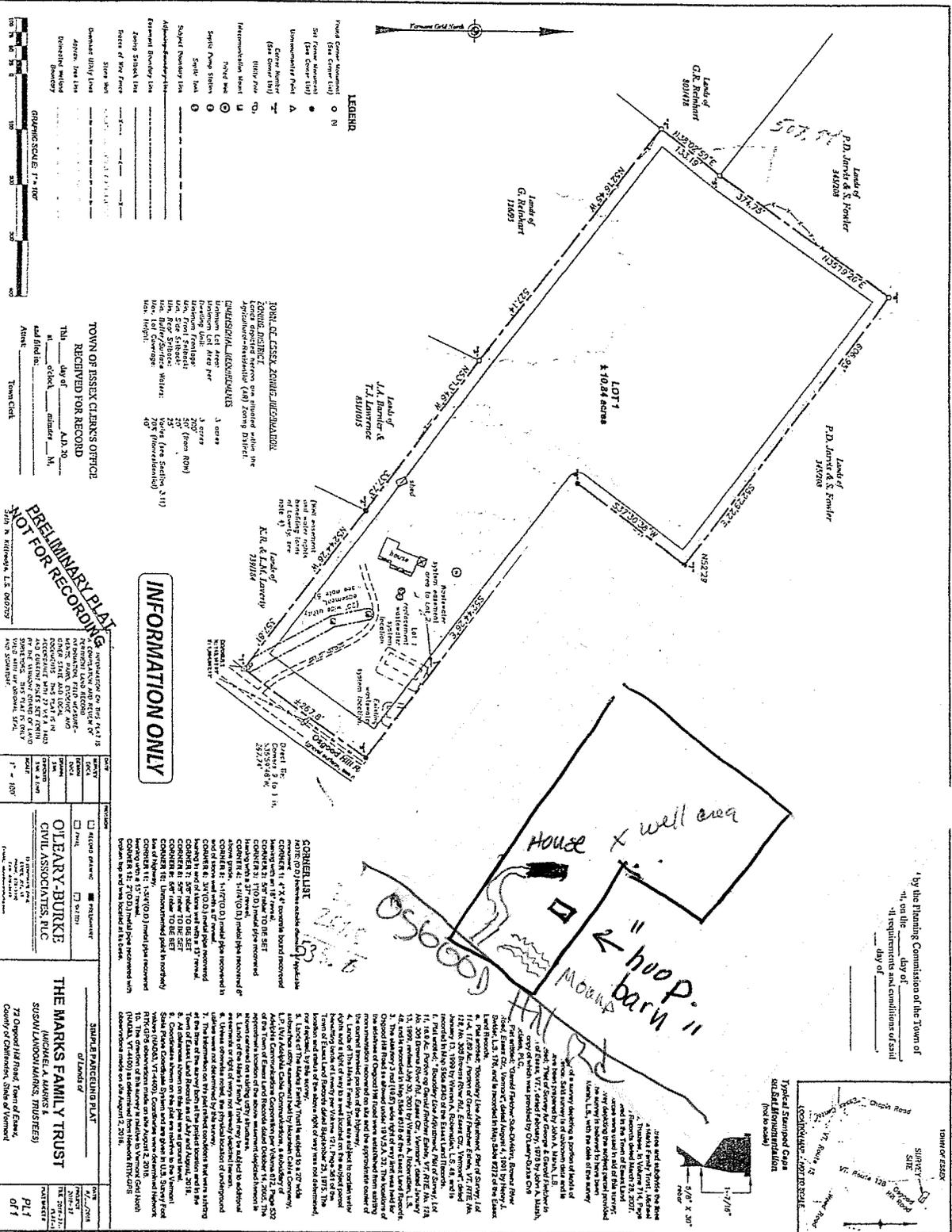
Zoning Administrator: Shawn Felle

Notes: state septic guidelines (setbacks) given

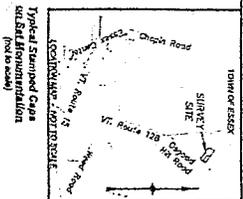
C.O. Required  Yes  No

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

133.8  
394.75  
507.74



By the Planning Commission of the Town of Essex, on the \_\_\_\_\_ day of \_\_\_\_\_, 2017, in accordance with the requirements and conditions of said \_\_\_\_\_ day of \_\_\_\_\_, 2017.



**INFORMATION ONLY**

**TOWN OF ESSEX ZONING REGULATIONS**  
**ZONING DISTRICT: R-1 (Residential Single-Family)**  
 The following regulations apply to the proposed subdivision:  
 1. Minimum Lot Area: 1 acre  
 2. Minimum Lot Width: 100 feet  
 3. Minimum Front Setback: 25 feet  
 4. Minimum Side Setback: 10 feet  
 5. Minimum Rear Setback: 10 feet  
 6. Maximum Building Height: 30 feet  
 7. Maximum Building Coverage: 30%  
 8. Maximum Floor Area Ratio: 0.5  
 9. Maximum Number of Units: 1  
 10. Maximum Lot Coverage: 30%  
 11. Maximum Lot Area: 1 acre  
 12. Minimum Lot Width: 100 feet  
 13. Minimum Front Setback: 25 feet  
 14. Minimum Side Setback: 10 feet  
 15. Minimum Rear Setback: 10 feet  
 16. Maximum Building Height: 30 feet  
 17. Maximum Building Coverage: 30%  
 18. Maximum Floor Area Ratio: 0.5  
 19. Maximum Number of Units: 1  
 20. Maximum Lot Coverage: 30%

**TOWN OF ESSEX CLERKS OFFICE**  
 RECEIVED FOR RECORD  
 This \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_,  
 at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.  
 and filed in \_\_\_\_\_  
 Book \_\_\_\_\_ Page \_\_\_\_\_  
 Town Clerk

**PRELIMINARY PLAT**  
**NOT FOR RECORDING**

INFORMATION FOR THE PLAT IS  
 BASED ON THE RECORDS OF THE  
 TOWN OF ESSEX CLERKS OFFICE  
 AND THE RECORDS OF THE  
 MASSACHUSETTS DEPARTMENT OF  
 REVENUE. THE PLAT IS NOT  
 TO BE USED AS EVIDENCE IN  
 ANY COURT OF LAW OR IN  
 ANY PROCEEDING.

**OLIVARY BURKE**  
 CIVIL ASSOCIATES, P.C.  
 100 STATE STREET, SUITE 200  
 BOSTON, MASSACHUSETTS 02109  
 TEL: 617.552.1234  
 FAX: 617.552.1235  
 WWW.OLIVARYBURKE.COM

**THE MARKS FAMILY TRUST**  
 (MICHAEL A. MARKS &  
 SUSAN LINDOR MARKS, TRUSTEES)  
 77 Devon Hill Road, Forest Green,  
 County of Dukesham, State of Vermont

**PLAT**  
 No. \_\_\_\_\_  
 of \_\_\_\_\_