

Appeal Period Expires     /    /      
 Zoning District AR

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

Application Date 10/11/23  
 Permit Number 2023-155

- 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:** Thomas M. Hackett

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-010-063-009  
 Property Address: 174 Old Stage Rd  
 Owner: Thomas HACKETT M.  
 Owner Address: 174 Old Stage Rd  
 Owner Phone: (work) \_\_\_\_\_ (Cell) 802-324-8715  
 (Email) hackett.tom@gmail.com  
 Tenants name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (or contractor) same HACKETT Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 10/26/23 Completion: 11/15/23  
 Sq. Feet: 414 Estimated Cost (labor & materials): \$ 10,500

**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 checked="" 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 and/or State Septic Approval).  
 Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid:     /    /      
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms: 3

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

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

**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** OVER  
 Signature of Tenant and Signature of Owner: Thomas M. Hackett

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75.00</u>	<u>10/11/23</u>
Recreation		\$ <u>15.00</u>	<u>10/11/23</u>
Recording		\$ _____	<u>    </u> / <u>    </u> / <u>    </u>
Certificate of Occ		\$ _____	<u>    </u> / <u>    </u> / <u>    </u>
Other		\$ _____	<u>    </u> / <u>    </u> / <u>    </u>

**Building Permit**  
 Approved  Rejected  Date     /    /    

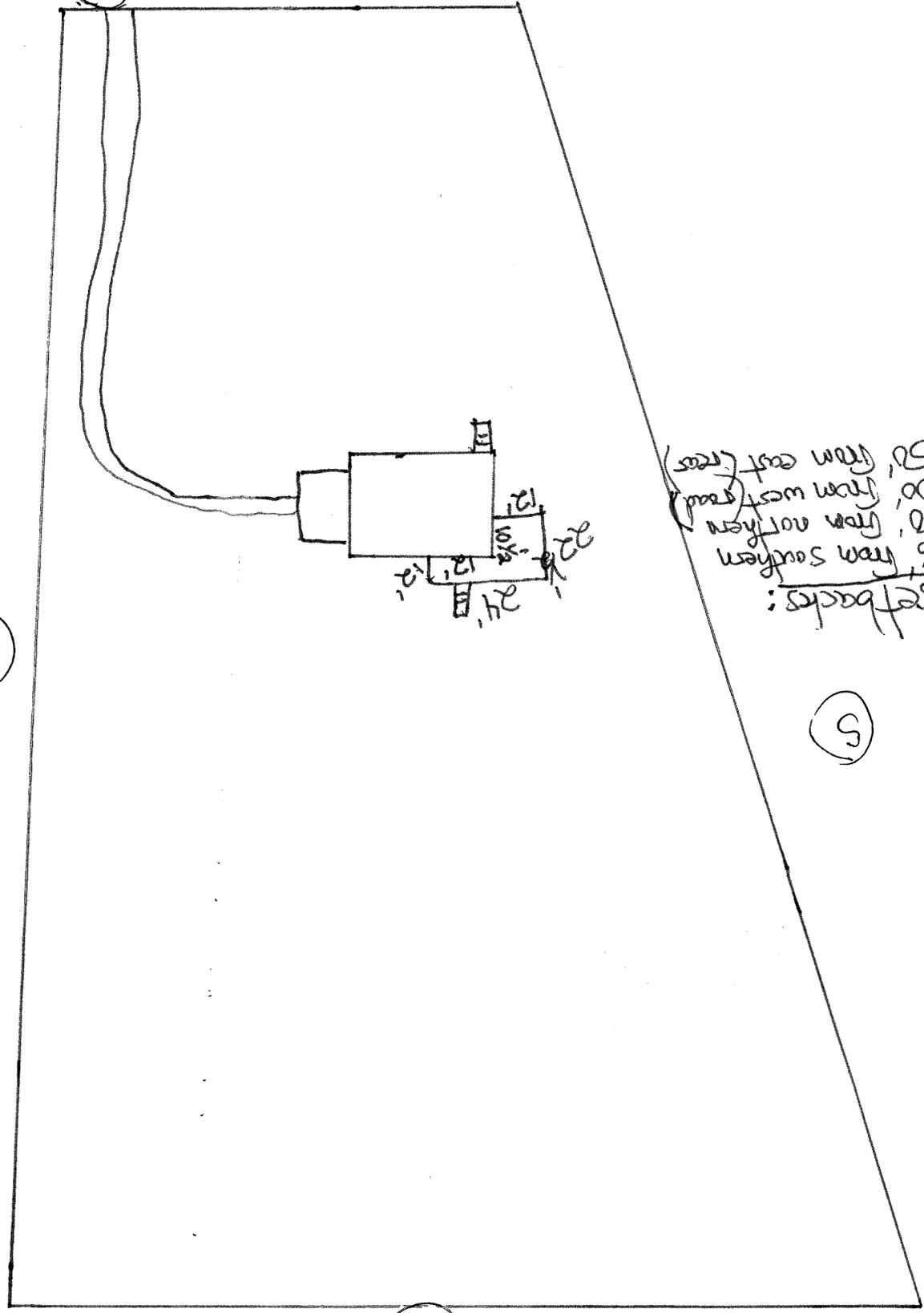
Issued to: \_\_\_\_\_  
 Zoning Administrator: Sharon Kelly  
 Notes: \_\_\_\_\_

C.O. Required (Certificate of Occupancy) Yes  No

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

F Diagram - Provide diagram here and include all setbacks

(2)



(M)

(5)