

Appeal Period Expires 4/26/23
 Zoning District R2

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

Application Date 4/11/23
 Permit Number 2023-32

- 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: Wayne Russin

Parcel Account Numb. (Map-Parcel-Lot) 2-0 51-017-000

Property Address: 59 Jericho Rd

Owner: Wayne & Solina Russin

Owner Address: 59 Jericho Rd Town of Essex VT

Owner Phone: (work) Same (home) Same
 (cell) 202-891-6165 (Email) _____

Tenants name: _____ Phone: _____ Cell: _____

Estimated Construction Dates: Start: 4/26/23 Completion: 12/1/23

Sq. Feet: 10' x 25' Estimated Cost (labor & materials): \$ 900

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 <u>Leanto</u>	<input checked="" 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"/>

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 over

Signature of Tenant and Signature of Owner Wayne Russin

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>4/11/23</u>
Recreation		\$ _____	
Recording		\$ <u>15</u>	<u>4/11/23</u>
Certificate of Occ		\$ _____	
Other		\$ _____	

Building Permit

Approved Rejected Date 1/1

Issued to: WTS Russin

Zoning Administrator: Sharon Kelley

Notes: _____

C.O. Required 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

(Lean to)

