

Appeal Period Expires 6/8/23
 Zoning District R1

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

Application Date 7/17/23
 Permit Number 2023119

- 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: [Signature]

Parcel Account Numb. (Map-Parcel-Lot) 2-010-051-203
 Property Address: 19 Indian Brook Road
 Owner: Eric E. and Deirdre B. Pierce
 Owner Address: 19 Indian Brook Road
 A Owner Phone: (work) n/a (Cell) 802 683 9803
 (Email) ee.pierce@comcast.net
 Tenants name: Tuff Shed Phone: 518 704 7115
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: 8/15/23 Completion: 8/31/23
 Sq. Feet: 160 Estimated Cost (labor & materials): \$10,000

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Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel

Residential:	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"/>
Inclusions or Additions:			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-residential:			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater:			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
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). N/A
 Public Septic Connection Fee \$ _____ Date Paid: ___/___/___
 Proposed New Bedrooms: _____ Existing Bedrooms _____

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

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

E Stormwater N/A
 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.

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over
 Signature of Tenant and
 Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75.00</u>	<u>7/17/23</u>
Recreation		\$ <u>15.00</u>	<u>7/17/23</u>
Recording		\$ _____	<u>___/___/___</u>
Certificate of Occ		\$ _____	<u>___/___/___</u>
Other		\$ _____	<u>___/___/___</u>

Building Permit Approved Rejected Date 7/24/23

Issued to: Eric E. & Deirdre B. Pierce

Zoning Administrator: [Signature]

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

Essex
TOWN
FOREST

Setback Requirements
front = 45'
sides = 20'
rear = 25'

10' SETBACK

40'

25' GC

10 x 16 STEEP

200'

382'



302'

INDIAN BREEZE RD