

Appeal Period Expires <u>6/16/23</u> Zoning District <u>AR</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>6/1/23</u> Permit Number <u>2023-82</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: _____

A Parcel Account Numb. (Map-Parcel-Lot) 2-011-061-000

Property Address: 20 Essex Highlands

Owner: O'Leary Paul Jr Life Estate

Owner Address: 20 Essex Highlands Essex Jct VT

Owner Phone: (work) 802-373-1291 (Cell) 802-373-1291

(Email) polecrypt@gmail.com

Tenants name: _____ Phone: _____

(or contractor) Cell: _____

Estimated Construction Dates: Start: 1 After the fact Completion: years ago

Sq. Feet: 624 Estimated Cost (labor & materials): \$ _____

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 checked="" 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 and/or State Septic Approval).

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

Proposed New Bedrooms: 0 Existing Bedrooms 3 Existing

C Water (Please attach Water Service Application if applicable). Existing

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

D Driveway (Please attach copy of approved Curbcut / Utility Application).

Date of approval: 1/1/

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 Fee - 624 sf @ \$100 sf = \$62,400

*15 + 62.4 * 2.70 * 2 = \$366.96

Signature of Tenant and _____

Signature of Owner _____

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>351.99</u>	<u>6/1/23</u>
Recreation		\$ _____	<u>6/1/23</u>
Recording		\$ <u>15.00</u>	<u>6/1/23</u>
Certificate of Occ		\$ _____	<u>1/1/</u>
Other		\$ _____	<u>1/1/</u>

Building Permit

Approved Rejected Date 6/1/23

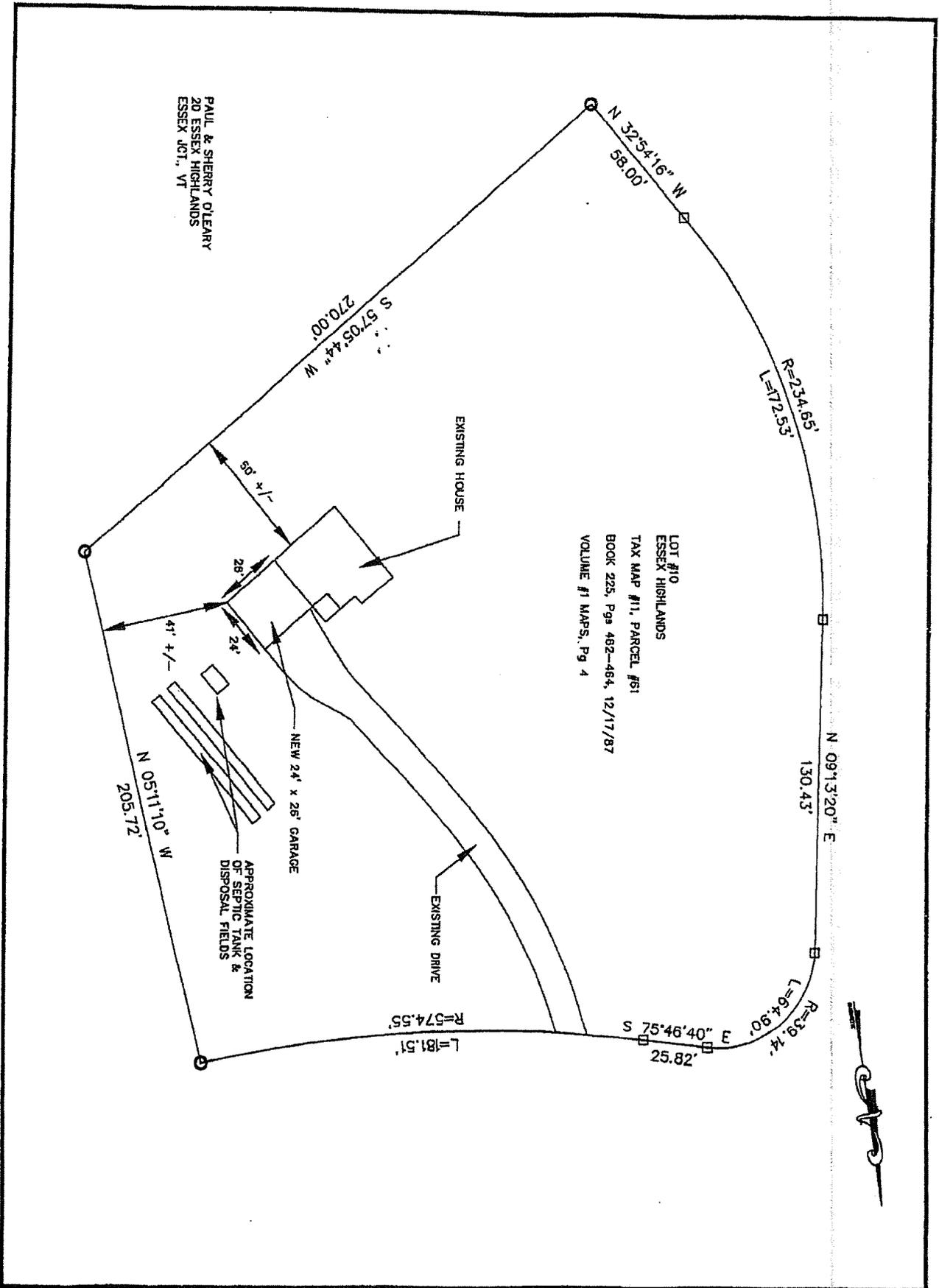
Issued to: Paul O'Leary, Life Estate

Zoning Administrator: Paul Kelly

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



PAUL & SHERRY O'LEARY
20 ESSEX HIGHLANDS
ESSEX JCT., VT

LOT #10
ESSEX HIGHLANDS
TAX MAP #11, PARCEL #61
BOOK 225, Pgs 462-464, 12/17/87
VOLUME #1 MAPS, Pg 4

N 32°54'16" W
58.00'

S 57°05'44" W
270.00'

R=234.85'
L=172.53'

N 09°13'20" E
130.43'

R=374.55'
L=181.51'

E 75°46'40" S
28.52'

R=39' 1/2"
L=64.90'

N 05°11'10" W
205.72'

EXISTING HOUSE

EXISTING DRIVE

NEW 24' x 26' GARAGE

APPROXIMATE LOCATION
OF SEPTIC TANK &
DISPOSAL FIELDS





Your transaction has been successfully completed!

Account Information

Payment Type: Zoning Fees
Address: 20 Essex Highlands Essex Junction VT 05452 US
Phone Number: 8023731291
Email Address: polearyvt@gmail.com
Property Address: 20 Essex Highlands, Essex Jct., VT 05452

Payment Information

Amount: \$366.96
Convenience Fee: \$9.72*
Total Amount: \$376.68

Card Number: XXXXXXXXXXXX1018
Expiration Date: 08/2027
Paul O'Leary
3290 Moss Hammock Wynd Southport VT 28461 US

Your confirmation number is:

4864695

05/31/2023 19:06:32 [EST]

05/31/2023 19:06:32 [EST] 4864695