

Appeal Period Expires <u>1/26/23</u> Zoning District <u>RPO I</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>1/11/23</u> Permit Number <u>2023-06</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) 2-072-003-016

Property Address: 16 A Corporate

Owner: Four Hounds Property Group LLC

Owner Address: 74 Collins Farm Rd Colchester

Owner Phone: (work) _____ (home) _____
Ken Heed (cell) 802-343-0576 (Email) _____

Tenants name: Soe Liliquist / email Joseph Liliquist jr
work 802-598-0038 Heather Liliquist - 802-554-1082 Cell: 802-309-2581

Estimated Construction Dates: Start: 1/26/22 Completion: 2/26/22

Sq. Feet: 6,000 Estimated Cost (labor & materials): \$ 0

G

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 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 <u>Permit window tinting</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 existing

C Water (Please attach Water Service Application).

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

Existing

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.

NA

F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

G See other side

Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>150</u>	<u>1/11/23</u>
Recreation		\$ _____	<u>1/11/23</u>
Recording		\$ <u>15</u>	<u>1/11/23</u>
Certificate of Occ		\$ _____	<u>1/11/23</u>
Other		\$ _____	<u>1/11/23</u>

Building Permit

Approved Rejected Date 1/11/23

Issued to: Four Hounds Property LLC

Zoning Administrator: Sharon Kelley

Notes: C.O. was done with previous permit for building.
CBES Allowed

C.O. Required Yes No

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