

OR is inal. 1 part

Appeal Period Expires 8/25/23
Zoning District RPD-I

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

Application Date 1/1/
Permit Number 2023-131

- 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:** James M Ewing

Parcel Account Numb. (Map-Parcel-Lot) 2-072-003-008

Property Address: 8 Corporate Dr

Owner: James M Ewing

Owner Address: 7 Ewing Place Unit F

A Owner Phone: (work) 802-343-7747 (Cell) _____
(Email) cjewing4@gmail.com

Tenants name: _____ Phone: _____
(or contractor) Cell: _____

Estimated Construction Dates: Start: 8/26/23 Completion: 8/1/24
300 X 20 (4 times)

Sq. Feet: _____ Estimated Cost (labor & materials): \$56,000

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"/>
Warehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater: <u>4 rows, 195' storage units (total)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).

Public Septic Connection Fee \$ N/A Date Paid: 1/1

Proposed New Bedrooms: _____ Existing Bedrooms: cold storage

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

Public Well Fee \$ N/A Date Paid: 1/1

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

Date of approval: 12/15/22

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 TO be constructed pursuant to Planning Commission Approval # 2022-11, issued on 10-27-22

Signature of Tenant and Signature of Owner: James M Ewing

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>3,300</u>	<u>8/11/23</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>30</u>	<u>8/11/23</u>
Certificate of Occ		\$ <u>100</u>	<u>8/11/23</u>
Other		\$ _____	<u>1/1</u>

Building Permit

Approved Rejected Date 8/11/23

Issued to: James M Ewing

Zoning Administrator: Sharon Kelly

Notes: Energy cert. According to required prior to CO

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**