Appeal Period Expires _12/28/23_ Zoning District ___RQ___	**Town of Essex, Vermont** ## Application for Zoning Permit (Building Permit)	Application Date _12/10/23_ Permit Number _2023-182_

- 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: _Carolyn Bernbg_

A

Parcel Account Numb. (Map-Parcel-Lot) 2-_0 6 1 - 0 0 1 - 0 3 4_

Property Address : _22 Alderbrook Rd Essex VT 05452_

Owner: _Paulo M. & Carolyn A. Bernegger_

Owner Address: _22 Alderbrook Rd Essex VT 05452_

Owner Phone: (work) _802-733-7748_ (Cell) _802-733-7748_

(Email) _paulobernegger@gmail.com_

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

Estimated Construction Dates: Start: _12/11/__ Completion: _6/1/24_

Sq. Feet: _____ Estimated Cost (labor & materials): $_25,000_

B

Sewage Disposal (Please attach Sewer and/or State Septic Approval).

Public ☐ Septic ☐ Connection Fee $_____ Date Paid: __/__/__

Proposed New Bedrooms: ____ Existing Bedrooms ____

C

Water (Please attach Water Service Application if applicable).

Public ☐ Well ☐ Fee $_____ Date Paid: __/__/__

D

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

Date of approval : ___/___/___

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 ½ 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

Window replacement – all windows

Carolyn Bernegger

Signature of Tenant and
Signature of Owner _____

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	☐	☐	☒
Two-family (duplex)(other)	☐	☐	☐
Multi-family	☐	☐	☐
Condominium / Townhouse	☐	☐	☐
Mobile home	☐	☐	☐
Inclusions or Additions:			
Garage (attached) (detached)	☐	☐	☐
Porch (enclosed) (open)	☐	☐	☐
Deck	☐	☐	☐
Pool (in) (above) ground	☐	☐	☐
Shed	☐	☐	☐
Barn (residential) (agriculture)	☐	☐	☐
Non-residential:			
Commercial / Industrial	☐	☐	☐
Stormwater:			
Stormwater	☐	☐	☐
Erosion Control	☐	☐	☐
Other:			
Change in use	☐	☐	☐
Miscellaneous	☐	☐	☐
Renewal	☐	☐	☐

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		$75.00	12/13/23
Recreation		$	/ /
Recording		$15.00	12/13/23
Certificate of Occ		$	/ /
Other		$	/ /

Building Permit

Approved ☒ Rejected ☐ Date _12/13/23_

Issued to: _Paulo M. + Carolyn A. Bernegger_

Zoning Administrator: _Kathleen Bonnell_

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

02/13/17

F **Diagram** – Provide diagram here and include all setbacks