

202

Appeal Period Expires <u>10/25/22</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>1/1</u>
Zoning District <u>RZ</u>		Permit Number <u>2022-165</u>

- 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: Richard M. Bouffard

A

Parcel Account Numb. (Map-Parcel-Lot) 2-054-003.000

Property Address: 79 Susie Wilson Rd

Owner: Richard M. Bouffard

Owner Address: 36 Hemlock Cir. Jericho Jericho CT PO Box 1068

Owner Phone: (work) _____ (home) _____
(cell) _____ (Email) _____

Tenants name: N/A Phone: _____ Cell: _____

Estimated Construction Dates: Start: 10/25/22 Completion: 12/3/22

Sq. Feet: Existing Estimated Cost (labor & materials): \$ 10K

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 checked="" 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 checked="" 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 or Septic Application).

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

Proposed New Bedrooms: N/A Existing Bedrooms:

C

Water (Please attach Water Service Application).

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

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.

F

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

G

Signature of Tenant and Signature of Owner Richard M. Bouffard

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>11/10/22</u>
Recreation		\$ _____	_____
Recording		\$ <u>15</u>	_____
Certificate of Occ		\$ _____	_____
Other		\$ _____	_____

Building Permit

Approved Rejected Date 11/10/22

Issued to: Richard M. Bouffard

Zoning Administrator: Sharon Kelly

Notes: informed to check w/ state on Lead + Asbestos

C.O. Required Yes No

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