

Appeal Period Expires <u>4/26/22</u> Zoning District <u>B2</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>1/1</u> Permit Number <u>2022-42</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.

Signed: Pauline Bergeron

A Parcel Account Num. (Map-Parcel-Lot) 2-096-001-101

Property Address: 5 Suffolk Lane

Owner: Pauline A. Bergeron, Ronald Joseph Wilson

Owner Address: 5 Suffolk Lane

Owner Phone: (work) _____ (home) _____
 (cell) 802-734-7457 (Email) fabryw@gmail.com

Tenants name: _____ Phone: _____
 Cell: _____

Estimated Construction Dates: Start: 04/11/22 Completion: 1/1

Sq. Feet: 225 Estimated Cost (labor & materials): \$5000

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 checked="" 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	<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). n/a

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

Proposed New Bedrooms: _____ Existing Bedrooms 4

C Water (Please attach Water Service Application). n/a

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

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

Date of approval 1/1

E Stormwater n/a

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.

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RJ Wilson

Signature of Tenant and
Signature of Owner Pauline A Bergeron

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75.</u>	<u>1/1</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>15.</u>	<u>4/11/22</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Building Permit

Approved Rejected Date 4/11/22

Issued to: Pauline A. Bergeron, Ronald J. Wilson

Zoning Administrator: Sharon L. Kelley

Notes: _____

C.O. Required Yes No

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

TOTAL SQ FT. 225 SQ FT.
BASEMENT PARTIAL SHEETROCK

