

Appeal Period Expires <u>7/6/22</u> Zoning District <u>R2</u>	<b>Town of Essex, Vermont</b> <b>Application for Zoning Permit</b> (Building Permit)	Application Date <u>6/29/22</u> Permit Number <u>2022-90</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:

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-096-001-024

Property Address : Guillaume and Samantha McDowell 17 Southdown Ct

Owner: Guillaume and Samantha McDowell

Owner Address: Same

Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) (802)578-5647 (Email) g.mcd@outlook.com

Tenants name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_

Estimated Construction Dates: Start: 4/2022 Completion: 4/2022

Sq. Feet: 481 Estimated Cost (labor & materials): \$ 27,000

**G**

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

**N = New A = Addition R = Remodel**

*After the Fact*

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"/>
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*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). Existing

Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

**C** Water (Please attach Water Service Application). Existing

Public  Well  Fee \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

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

Date of approval: \_\_\_\_\_

**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.

**G** See attached

Signature of Tenant and Signature of Owner:

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75.</u>	____/____/____
Recreation		\$ _____	____/____/____
Recording		\$ <u>15</u>	<u>6/21/2022</u>
Certificate of Occ		\$ _____	____/____/____
Other	<u>ATF</u>	\$ <u>90</u>	____/____/____

Approved  Rejected  Date 6/21/22

Building Permit

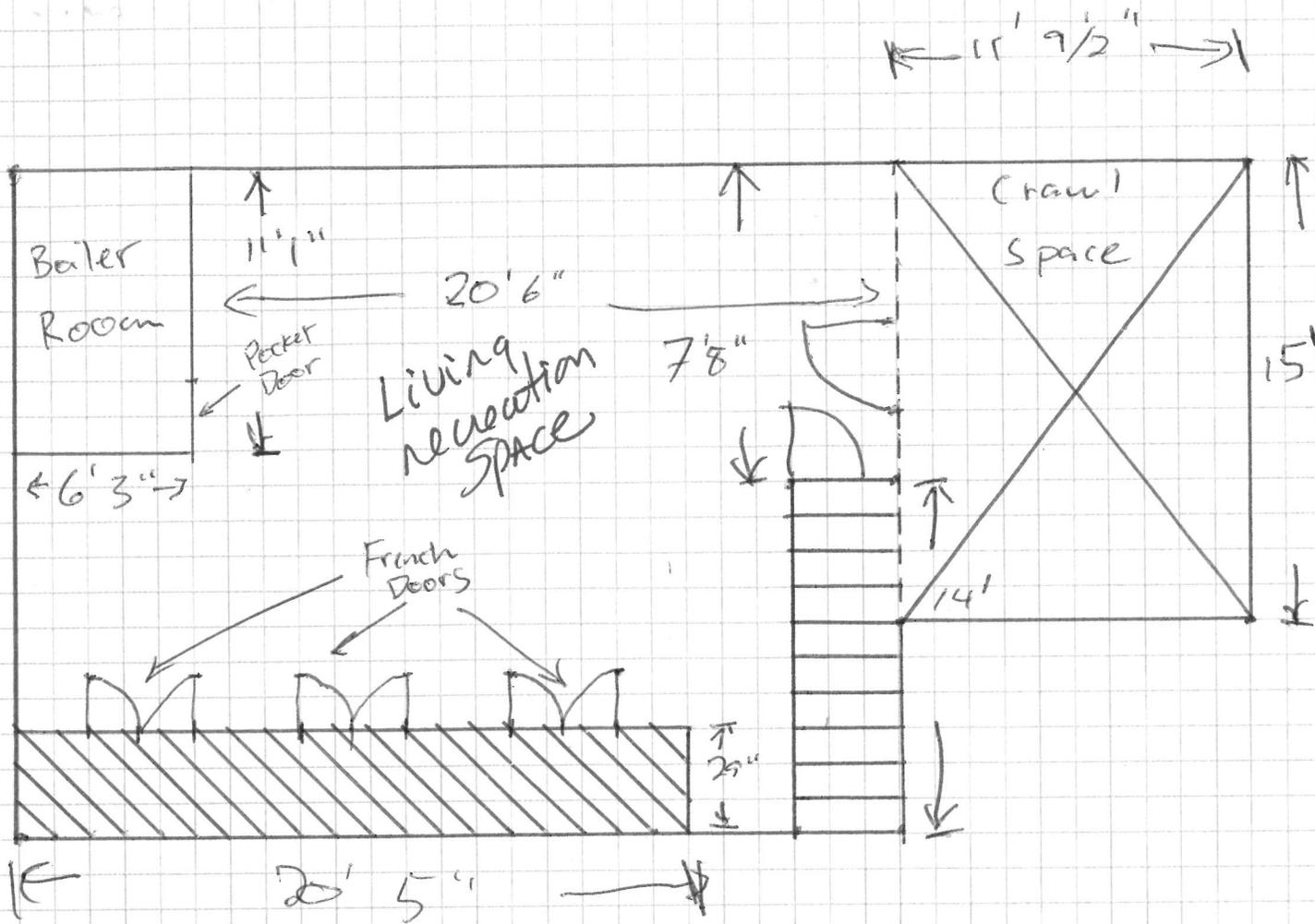
Issued to: G. + S. McDowell

Zoning Administrator: Shawn 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**



Storage

After