

Appeal Period Expires 9/21/22 Zoning District R2 **Town of Essex, Vermont** **Application for Zoning Permit** (Building Permit) Application Date 8/15/22 Permit Number 2022-132

- 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: Michelle LaLiberte

**A** Parcel Account Numb. (Map-Parcel-Lot) 2038-008-104  
 Property Address: 7 Saxon Hollow Dr Unit A-4  
 Owner: Michelle LaLiberte Laurie et al  
 Owner Address: 7 Saxon Hollow Dr Unit A-4  
 Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 802-417-7226 (Email) mlliberte5587@gmail.com  
 Tenants name: owner Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 8/22/22 Completion: 10/1/22  
 Sq. Feet: \_\_\_\_\_ Estimated Cost (labor & materials): \$2500

**G**

Check box(es) which describe proposed use or construction (circle choice in parenthesis).  
 N = New A = Addition R = Remodel

<i>Residential:</i>	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 checked="" type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inclusions or Additions:</i>			
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"/>
<i>Non-residential:</i>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stormwater:</i>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			
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"/>

*A door to window in living room area*

**B** Sewage Disposal (Please attach Sewer or Septic Application).  
 Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1/  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms n/a

**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).  
 Date of approval 1/1/ n/a

**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** Signature of Tenant and Signature of Owner Michelle LaLiberte

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>8/16/22</u>
Recreation		\$ _____	
Recording		\$ <u>15</u>	<u>8/16/22</u>
Certificate of Occ		\$ _____	
Other		\$ _____	

**Building Permit**  
 Approved  Rejected  Date 9/6/21  
 Issued to: Michelle LaLiberte Laurie et al  
 Zoning Administrator: Shannon Kelly

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**