

Appeal Period Expires 6/17/22  
 Zoning District AR

**Town of Essex, Vermont**  
**Application for Zoning Permit**  
 (Building Permit)

Application Date 1/1  
 Permit Number 2022-78

- 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: [Signature]

Parcel Account Numb. (Map-Parcel-Lot) 2-010-063-008  
 Property Address: 156 Old Stage Rd Essex  
 Owner: ACT TOU LLC (yitzchok Raskin)  
 Owner Address: 40 57 So. Wms. St. Burlington VT 05408  
 A Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
DRAIZY JUNG (cell) 802-7356246 (Email) \_\_\_\_\_  
 Tenants name: property mgr. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 6/5/22 Completion: 6/5/22  
 Sq. Feet: N/A Estimated Cost (labor & materials): \$ \_\_\_\_\_

**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 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"/>

*Permit 1 day waiting*

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

C Water (Please attach Water Service Application).  
 Public  Well  Fee \$ \_\_\_\_\_ 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 *see attached narrative describing event to be held 6-5-22*  
 Signature of Tenant and Signature of Owner [Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>150.</u>	<u>pd online</u>
Recreation		\$ _____	_____
Recording		\$ <u>15.</u>	_____
Certificate of Occ		\$ _____	_____
Other		\$ _____	_____

**Building Permit**  
 Approved  Rejected  Date 6/2/2022  
 Issued to: ACT TOU LLC  
 Zoning Administrator: Stacy 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**

