

Period Expires 8/25/22

J District R2

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

Application Date 9/1 Aug 2022
Permit Number 2022-116

- 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: Brian T. Sheldon

Parcel Account Numb. (Map-Parcel-Lot) 2- 052-004-000

Property Address: 115 Jericho Rd

Owner: BRIAN T. SHELDEN

Owner Address: PO Box 9225, Essex (VT)

Owner Phone: (work) 917-922-1460 (home) _____
(cell) _____ (Email) _____

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

Estimated Construction Dates: Start: 8/15/22 Completion: 12/15/22

Sq. Feet: _____ Estimated Cost (labor & materials): \$ 520K

G

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

N = New A = Addition R = Remodel

Residential: interior remodel

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).

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

Proposed New Bedrooms: 1 Existing Bedrooms: 3 4 added 3 permitted

C Water (Please attach Water Service Application). see attached

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

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

Date of approval 1/1

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. see attached

see attached

Signature of Tenant and Signature of Owner: Brian T. Sheldon

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>8/10/22</u>
Recreation		\$ _____	_____
Recording		\$ <u>75</u>	_____
Certificate of Occ		\$ _____	_____
Other		\$ _____	_____

Building Permit

Approved Rejected Date 8/10/22

Issued to: Brian Sheldon

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

F Diagram – Provide diagram here and include all setbacks

The purpose of this project is:

- Convert a living room into a bedroom
- Correct the number of bedrooms down to 3, per current town zoning & wastewater records. An extra room must have been finished, un-permitted, by a previous owner
- Two other closets will be removed, while adding this one, for a net change of -1 bedrooms

