

Appeal Period Expires 6/2/22
 Zoning District R2

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

Application Date 05/13/2022
 Permit Number 2022-65

- 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: Joanne M Bruno

A Parcel Account Numb. (Map-Parcel-Lot) 2-056-090-001
 Property Address: 24 Craftsbury Ct. #1, Essex VT
 Owner: Joanne M Bruno
 Owner Address: 24 Craftsbury Ct. #1 Essex
 Owner Phone: (work) _____ (home) _____
 (cell) 802-338-0484 (Email) jmbruno222@att.net
 Tenants name: _____ Phone: _____
After the fact 2018 Cell: _____
 Estimated Construction Dates: Start: 1/1/2021 Completion: 1/1/2021
 Sq. Feet: _____ Estimated Cost (labor & materials): \$ 25,000

G

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

Residential:

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 checked="" type="checkbox"/>	<input checked="" 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: 0 Existing Bedrooms 2

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

Signature of Tenant and Signature of Owner: Joanne M Bruno

Office Use Only

Fees:	Type	Amount	Date Pd
Permit	<u>(A-I-F)</u>	<u>150</u>	<u>5/18/22</u>
Recreation		\$ _____	_____/_____/_____
Recording		\$ <u>15.</u>	_____/_____/_____
Certificate of Occ		\$ _____	_____/_____/_____
Other		\$ _____	_____/_____/_____

Building Permit
 Approved Rejected Date 5/18/22

Issued to: Joanne M. Bruno

Zoning Administrator: Shawn J. 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

① 3/4 bath - addition off of primary bedroom

NO New footage
Added to unit
(Remodel)



② Addition / Remodel of office space off of garage to include 3/4 bath 560 sq ft.
* permit was already taken out for egress window



③ Remodel of Basement / Laundry / Family room
vinyle plank floor, sheetrock ceiling to replace drop ceiling,
recessed lighting
FAMILY ROOM