

Appeal Period Expires 10/29/22  
Zoning District RZ

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

Application Date 1/1  
Permit Number 2022-151

- 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:** Sony C. Baril

Parcel Account Numb. (Map-Parcel-Lot) 2-056-001-012

Property Address: 4 Craftsbury Ct.

Owner: GARY BARB + PRUDENCE BARB

Owner Address: 4 CRAFTSBURY CT

Owner Phone: (work) \_\_\_\_\_ (home) 802-879-6069  
(cell) 802-238-4538 (Email) THEBARBSVT. @ GMAIL.COM

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

Estimated Construction Dates: Start: 1/1 Completion: 1/1

Sq. Feet: 140 Estimated Cost (labor & materials): \$ 6,000

**G**

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

N = New A = Addition R = Remodel

Residential:	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"/>
<b>Inclusions or Additions:</b>			
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"/>
<u>Shed</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-residential:</b>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stormwater:</b>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>			
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**

**B**

**C**

**D**

**E**

**F**

**G**

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

**Water** (Please attach Water Service Application).  
Public  Well  Fee \$ \_\_\_\_\_ Date Paid: 1/1

**Driveway** (Please attach copy of approved Curbcut / Utility Application).  
Date of approval 1/1 EXISTING

**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.

**Diagram** - Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

Signature of Tenant and  
Signature of Owner Sony C. Baril

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>10/14/22</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>15.</u>	<u>10/14/22</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

**Building Permit**  
Approved  Rejected  Date 10/14/22

Issued to: G. + P. BARB

Zoning Administrator: Shawn Kelly

Notes: \_\_\_\_\_

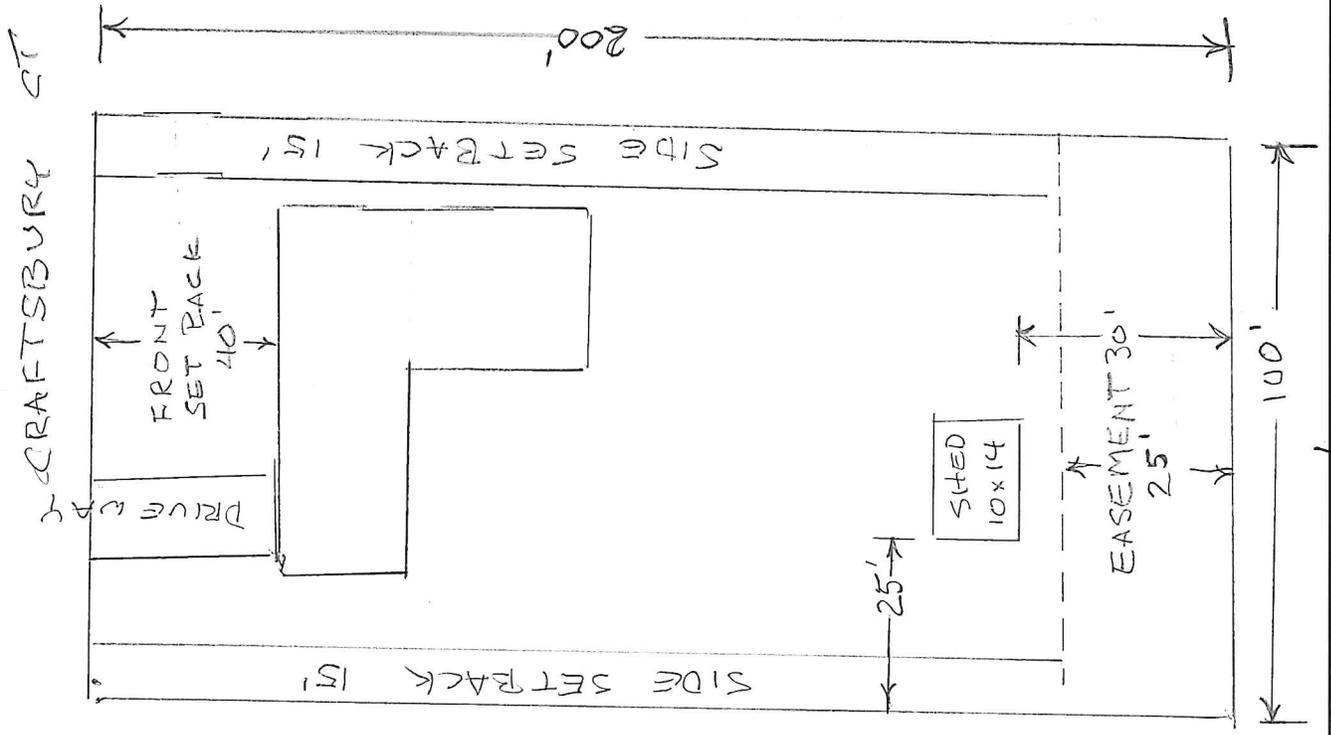
C.O. Required Yes  No

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE  
RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**

40' front  
15' side  
20' rear

front

F Diagram - Provide diagram here and include all setbacks



side

side

rear

100' 100'