

Appeal Period Expires 11, 9, 22
Zoning District R2

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

Application Date 1/1
Permit Number 2022-158

- 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: instructed (verbalized) to contact state

Parcel Account Numb. (Map-Parcel-Lot) 2-062-001-000
Property Address: 12 Broken St B2
Owner: Sisters Brothers Investment Group
Owner Address: 28 S. Winooski Ave
A Owner Phone: (work) 852 573 920 (home) 802 652 5303
(cell) _____ (Email) _____
Contractor Name: Pro-Tech (Larry Paop) Phone: 802 318 0205
218 Mallett Bas Cell: _____
Colchester VT. 05446
Estimated Construction Dates: Start: 10/15/22 Completion: 10/1/23
Sq. Feet: 1,960 Estimated Cost (labor & materials): \$30,000

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"/> |
| 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"/> |
| 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: _____ Existing Bedrooms: _____

C Water (Please attach Water Service Application).
Public Well Fee \$ 30,000 Date Paid: 10/17/22

D Driveway (Please attach copy of approved Curbside / 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. N/A
 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 Due to fire on replace sheetrock in all 3 units & repairs due to fire (Electrical, painting, repair damaged flooring.)
Signature of Tenant and Signature of Owner [Signature]

Office Use Only

| Fees: | Type | Amount | Date Pd |
|--------------------|------|--------------|-----------------|
| Permit | | \$ <u>75</u> | <u>10/25/22</u> |
| Recreation | | \$ <u>15</u> | <u>1/1</u> |
| Recording | | \$ _____ | |
| Certificate of Occ | | \$ _____ | <u>N/A</u> |
| Other | | \$ _____ | |

Building Permit
Approved Rejected Date 10/25/22
Issued to: Sisters Brothers Investment Group
Zoning Administrator: Jessie Kelley
Notes: ABS info given
C.O. Required Yes No

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