

Appeal Period Expires 5/24/17
 Zoning District R2

Town of Essex, Vermont
Application for Zoning Permit
 www.essex.org

Application Date 4/28/17
 Permit Number 2017-49

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property during the appeal period and it must remain posted throughout the construction period. **You are required to contact the necessary state agencies to obtain state permits @ 477-2241 (Jeff McMahon, Permit Specialist).**

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Signed: Mark Kasun

A Parcel Account Numb. (Map-Parcel-Lot) 2-052-014-000
 (found in Town Assessor's Office)
 Property Address: 122 Jesiclo rd ESSX
 Owner: MARK KASUN
 Owner Address: 14 Fern St Burlington VT 05408
 Owner Phone: (work) _____ (home) _____
 (cell) 802 274 8886 (Email) mark.kasun@yadon.com
 Contractors name: MARK KASUN Phone: _____
MARK KASUN Cell: 802 274 8886
 Estimated Construction Dates: Start: 4/15/17 Completion: 6/1/17
 Sq. Feet: 1800 sq ft Estimated Cost (labor & materials): \$17,800

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 checked="" 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 Private Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application).
 Public Private 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 OVER
 Signature of Tenant and Signature of Owner Mark Kasun

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>50.</u>	
Recreation		\$ _____	<u>5/9/17</u>
Recording		\$ <u>20.</u>	<u>5/11/17</u>
Certificate of Occ		\$ <u>75.</u>	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Building Permit Approved Rejected Date 5/9/17
 Issued to: MARK KASUN
 Zoning Administrator: Sharon Kelly
 Notes: C.O. required is not violation existed on premises.
This is a her-check.
 C.O. Required Yes No

F Diagram - Provide diagram here and include all setbacks

1st Floor apartment - Unit A

Install Flooring (Bamboo) in Kitchen, hallway, living room, Carpet in 2 bedrooms
change doors and hinges, hardware, ect to bedrooms and bathroom
Patch skim texture ceilings, patch skim walls, Paint all ceilings and walls
Trim doors and windows.

2nd Floor apartment - Unit B

Bathroom remodels - install new appliances, vanity, shower surround,
install Flooring - Bamboo in Kitchen, hallway living room, den (office), Carpet in
2 bedrooms.

Change doors, hinges, hardware to bedrooms and bathroom.

Tile in bathroom.

Skim patch textured walls and ceilings, Paint all ceilings, walls, doors and
trim windows, base and doors

Replace broken windows on garage