

Appeal Period Expires 12/13/17
 Zoning District R2

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

Application Date 1/1/17
 Permit Number 2017-177

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: Sam Mahoney

A Parcel Account Numb. (Map-Parcel-Lot) 2- 082-003-122
 (found in Town Assessor's Office)
 Property Address: 30 Indigo Ln
 Owner: Sean M. & Kafe M. Mahoney
 Owner Address: 30 Indigo Ln
 Owner Phone: (work) _____ (home) _____
 (cell) (802) 399-0561 (Email) smmahone@hotm.com
 Contractors name: _____ Phone: _____
 Cell: _____
 Estimated Construction Dates: Start: 11/5/17 Completion: 11/5/18
 Sq. Feet: 700 Estimated Cost (labor & materials): \$ 1500

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 checked="" type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Finish Basement</i>			
<i>Basement</i>			
<i>Bathroom</i>			
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: ___/___/___
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application).
 Public Private _____ Fee \$ _____ Date Paid: ___/___/___

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval ___/___/___ N/A

E Stormwater N/A
 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 ½ 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 Signature of Tenant and Signature of Owner Sam Mahoney

Office Use Only

Fees:	Type	Amount	Date Pd.
Permit		\$ <u>50</u>	<u>11/20/17</u>
Recreation		\$ _____	
Recording		\$ <u>10</u>	<u>1/20/17</u>
Certificate of Occ		\$ _____	
Other		\$ _____	

Approved Rejected Date 11/28/17
 Issued to: S + K Mahoney
 Zoning Administrator: Sharon L. Kelly
 Notes: _____
 C.O. Required Yes No

F Diagram – Provide diagram here and include all setbacks

