

Appeal Period Expires 4/6/17
 Zoning District HR-DC

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

Application Date 1/1
 Permit Number 2017-26

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: [Signature] For CHT

A Parcel Account Num. (Map-Parcel-Lot) 2-046-001-000
 (found in Town Assessor's Office)
 Property Address: 1002-1004 & 110-115 EDWIN ALLEN DRIVE
 Owner: CHAMPLAIN HOUSING TRUST
 Owner Address: 28 KIMB ST., BURLINGTON, VT 05401
 Owner Phone: (work) 861-7336 (home) _____
 (cell) _____ (Email) ncuchso@getahome.org
 Contractors name: Nancy Goodrich Phone: _____
 Cell: _____
 Estimated Construction Dates: Start: 5/1/16 Completion: 3/31/18
 Sq. Feet: 19,463.68 Estimated Cost (labor & materials): 250,000

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"/>
<u>Condominium</u> / Townhouse	<input type="checkbox"/>	<input checked="" 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: existing
 Proposed New Bedrooms: _____ Existing Bedrooms: _____

C Water (Please attach Water Service Application).
 Public Private Fee \$ 1,125.00 5 new water meters Date Paid: paid

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 Reference Planning Commission Approval # PC 2016-15. (see other side)

Signature of Tenant and Signature of Owner: [Signature] For CHT

Office Use Only

Fees	Type	Amount	Date Pd.
Permit		\$ <u>625.00</u>	
Recreation		\$ _____	
Recording		\$ <u>200.00</u>	<u>3/12/17</u>
Certificate of Occ		\$ <u>1,425.-</u>	
Other		\$ _____	

Building Permit
 Approved Rejected Date: 3/21/17
 Issued to: CHT, Edwin Allen LLC
 Zoning Administrator: Shawn S. Kelley
 Notes: Energy code given

C.O. Required Yes No

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

This permit is for improvements to the existing units (excluding the rental units (bldgs 1005, 1006, 1007))

2 units were renovated prior to the issuance of this permit. (1004A + 1112A) SP

* Note 1 permit issued, however each unit will complete its own Certificate of Occupancy permit

SF #	BUILDING/UNIT	# OF BEDROOMS BY UNIT	# OF BEDROOMS / BUILDING
	1110 -	3	3
Duplex	1002A & B	3 EACH	6
	1002A & B		
4-Plex	1003A-D	3 EACH	12
	1004A-B	3 EACH	6
Duplex	1111		
	1111 A & B	2 EACH	4
	1112 A & B	2 EACH	4
	1113 A & B	2 EACH	4
	1114 A & B	2 EACH	4
	1115 A & B	2 EACH	4
			47 TOTAL BEDROOMS