

Town of Essex

Appeal Period Expires 5/13/16
Zoning District R2

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

Application Date 2/16/16
Permit Number 2016-06

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: Robert A. Willis

X

A Parcel Account Num. (Map-Parcel-Lot) 2- 055 010-004
(found in Town Assessor's Office)
Property Address: 31 Prescott St
Owner: Robert A and Nan C. Willis
Owner Address: 31 Prescott St
Owner Phone: (work) _____ (home) 879-7940
(cell) 802-324-2866 (Email) _____
Contractors name: gretns Phone: _____ Cell: _____
Estimated Construction Dates: Start: 5/13/16 Completion: 10/1/16
Sq. Feet: 144 Estimated Cost (labor & materials): \$ 4200

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).
N = New A = Addition R = Remodel

Residential:			
Single Family	N	A	R
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 checked="" 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. n/a

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 Robert A. Willis

Office Use Only

Fees	Type	Amount	Date Pd
Permit		\$ <u>50</u>	<u>1/1/16</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>10</u>	<u>1/1/16</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Building Permit
Approved Rejected Date 1/1/16
Issued to: Robert A. Willis
Zoning Administrator: _____
Notes: _____
C.O. Required Yes No

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

front 70'
side 51'
rear 25'

F Diagram -- Provide diagram here and include all setbacks



Brewcott St