

Appeal Period Expires 7/15/16  
 Zoning District R2

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

Application Date 7/1/16  
 Permit Number 2016-111

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: 

**Parcel Account Numb. (Map-Parcel-Lot) 2-061-001-017**  
 (found in Town Assessor's Office)  
 Property Address: 47 Greenbriar Dr  
 Owner: SARA E Knight  
 Owner Address: SAME  
 Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) (802) 572-2197 (Email) \_\_\_\_\_  
 Contractors name: Playa Ann Gasmont Daughters Phone: 860-7126  
 Cell: (802) 349-4779  
 Estimated Construction Dates: Start: 7/15/16 Completion: 8/15/16  
 Sq. Feet: 300x51 Estimated Cost (labor & materials): \$ 35,000

G			
Check box(es) which describe proposed use or construction (circle choice in parenthesis).			
N = New A = Addition R = Remodel			
<b>Residential:</b>			
Single Family	N	A	R
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"/>
<b>Inclusions or Additions:</b>			
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"/>
<b>Non-residential:</b>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stormwater:</b>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>			
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"/>

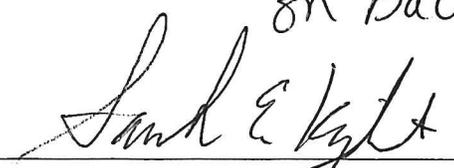
**B Sewage Disposal** (Please attach Sewer or Septic Application).  
 Public  Private  Connection Fee \$ \_\_\_\_\_ Date Paid:    /   /     
 Proposed New Bedrooms: 0 Existing Bedrooms: 3  
Septic permit #1990-14-S approved for 4 bdrms

**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    /   /    Existing

**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 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**  
 Signature of Tenant and Signature of Owner  
→ Over see note on back.  


Office Use Only			
Fees:	Type	Amount	Date Paid
Permit		\$ <u>87.50</u>	<u>6/30/16</u>
Recreation		\$ _____	<u>   /   /   </u>
Recording		\$ <u>10.00</u>	<u>6/30/16</u>
Certificate of Occ		\$ _____	<u>   /   /   </u>
Other		\$ _____	<u>   /   /   </u>
<b>Building Permit</b>			
Approved <input checked="" type="checkbox"/>	Rejected <input type="checkbox"/>	Date	<u>6/30/16</u>
Issued to: <u>Sara E. Knight</u>			
Zoning Administrator: <u>Sharon Kelly</u>			
Notes: <u>Energy code given</u>			
C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

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

Reconfiguring 2 Bedrooms into 1 and Remodeling the Master Bath.

\* This will reduce the bedrooms to two, however septic permit allows for 4 bedrooms.

SR