

Appeal Period Expires <u>8/14/15</u> Zoning District <u>R2</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>1/1</u> Permit Number <u>2015-122</u>
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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 @ 879-5676.**

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: MC

Parcel Account Numb. (Map-Parcel-Lot) 2- 003-001-090
(found in Town Assessor's Office)

Property Address: 35 Wolff Dr

Owner: George Richard Clarke

Owner Address: 35 Wolff Dr

A Owner Phone: (work) 377-4528-4403 (home) 802-233-2379
 (cell) 802-777-1978 (Email) ClarkeGR@state.gov

Contractors name: Mark Logan Phone: 878-0402
 Cell: _____

Estimated Construction Dates: Start: 08/01/15 Completion: 10/30/15

Sq. Feet: 12.0 Estimated Cost (labor & materials): \$ 2,565.00

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 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"/>

*express window

B Sewage Disposal (Please attach Sewer or Septic Application).

Public Private Connection Fee \$ N/A Date Paid: ___/___/___

Proposed New Bedrooms: ___ Existing Bedrooms ___

C Water (Please attach Water Service Application).

Public Private Fee \$ N/A Date Paid: ___/___/___

D Driveway (Please attach copy of approved Curbside/Utility Application).

Date of approval ___/___/___ 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. (Instruction sheet available upon request.)

See attached sheet Appendix A

G Signature of Tenant and Signature of Owner

MC GR

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>50</u>	<u>7/30/15</u>
Recreation		\$ <u>___</u>	<u>___/___/___</u>
Recording		\$ <u>10</u>	<u>7/30/15</u>
Certificate of Occ		\$ <u>___</u>	<u>___/___/___</u>
Other		\$ <u>___</u>	<u>___/___/___</u>

Building Permit

Approved Rejected Date 7/30/15

Issued to: George R. Clarke

Zoning Administrator: Theresa L. Kelly

Notes: Homeowners Assoc
OK

C.O. Required Yes No

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

(web) 11/02/10