

Appeal Period Expires 9/3/15
 Zoning District B1

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

Application Date 8/19/15
 Permit Number 2015-135

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: Akshata Nayak

Parcel Account Numb. (Map-Parcel-Lot) 2- 047-007-001
 (found in Town Assessor's Office)
 Property Address: 4 Kellogg Rd
 Owner: Kenan Heco DRAs Heco Rentals LLC
 Owner Address: 9 Colonel Page Rd 05452
 Owner Phone: (work) 343-0576 (home) ---
 (cell) --- (Email) ---
 Contractors name: Akshata Nayak Phone: 585 490 5513
 Cell: ---
 Estimated Construction Dates: Start: 9/4/15 Completion: 9/5/15
 Sq. Feet: N/A Estimated Cost (labor & materials): \$ N/A

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 <u>small permit production</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous <u>SOAPS + scrubs</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A

B

C

D

E

F

G

Sewage Disposal (Please attach Sewer or Septic Application).
 Public Private Connection Fee \$ _____ Date Paid: ___/___/___
 Proposed New Bedrooms: _____ Existing Bedrooms _____

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

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

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.

Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

Signature of Tenant and
 Signature of Owner

Akshata Nayak

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>85</u>	<u>8/19/15</u>
Recreation		\$ _____	
Recording		\$ <u>20</u>	<u>8/19/15</u>
Certificate of Occ		\$ <u>75</u>	<u>8/19/15</u>
Other		\$ _____	

Approved Rejected Date 8/19/15

Issued to: Heco Rentals LLC

Zoning Administrator: Sharon L. Kelly

Notes: _____

C.O. Required Yes No

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

Suite 5 4 Kellogg Rd.

