

Appeal Period Expires 12/31/15
 Zoning District AR

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

Application Date 11/18/15
 Permit Number 2015-184

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.

** see attached signature letter* X Signed: Emile P. Ouellette
 Applicant

Parcel Account Numb. (Map-Parcel-Lot) 2-011-065-000
 (found in Town Assessor's Office)
 Property Address: 23 Essex Highlands
 Owner: Federal National Mortgage Association
 Owner Address: 14221 Dallas Parkway Suite 1000
Dallas TX 75245
 Owner Phone: (work) _____ (home) _____
 (cell) _____ (Email) _____
 Contractors name: Emile Ouellette Phone: _____
Future Landscaper 4020 Dalton Dr
Conchester Cell: 3180482
 Estimated Construction Dates: Start: 12/12/15 Completion: 6/1/16
 Sq. Feet: 0 Estimated Cost (labor & materials): \$100,000

Sewage Disposal (Please attach Sewer or Septic Application).
 Public Private Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: 0 Existing Bedrooms 3

Water (Please attach Water Service Application).
 Public Private Fee \$ _____ Date Paid: 1/1

Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 1/1 EXISTING

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

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

see attached
 Signature of Tenant and
 Signature of Owner Emile P. Ouellette
see attached letter

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	<u>Gutted house</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:	<u>1 car</u>			
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 checked="" 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"/>

Office Use Only

Fees	Type	Amount	Date Pd
Permit		<u>\$ 350</u>	<u>11/18/15</u>
Recreation		<u>\$ -</u>	<u>11/18/15</u>
Recording		<u>\$ 10</u>	<u>1/1</u>
Certificate of Occ		<u>\$ -</u>	<u>1/1</u>
Other		<u>\$ -</u>	<u>1/1</u>

Building Permit
 Approved Rejected Date 11/18/15
 Issued to: F.N.M.A. (Fannie Mae)
 Zoning Administrator: Sharon L. Kelley
 Notes: Energy code given

C.O. Required Yes No

November 14, 2015

To:
Sharon Kelly
Zoning Administrator
81 Main Street
Essex Junction, VT05452-3209

ATTN: Sharon Kelly

This letter confirms that the below listed Company is engaged as an approved Fannie Mae vendor and has our approval to sign for permits, record Notice of Commencements and Notice of Terminations on behalf of Fannie Mae for the below listed property.

Should you have any questions, you can contact us at:
PRIYA_AKKATHARA@FANNIEMAE.COM, (972) 773-7529 .

Approved Fannie Mae Vendor:

Pike Porter
Castle Porter Real Estate
544 South Prospect Street
Burlington, VT 05401

Fannie Mae Property Address:

23 Essex Highlands

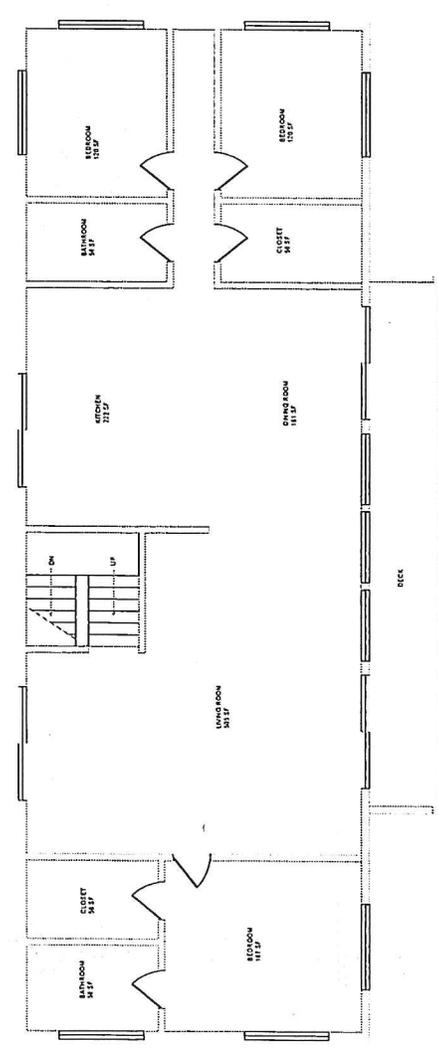
Essex, VT 0540



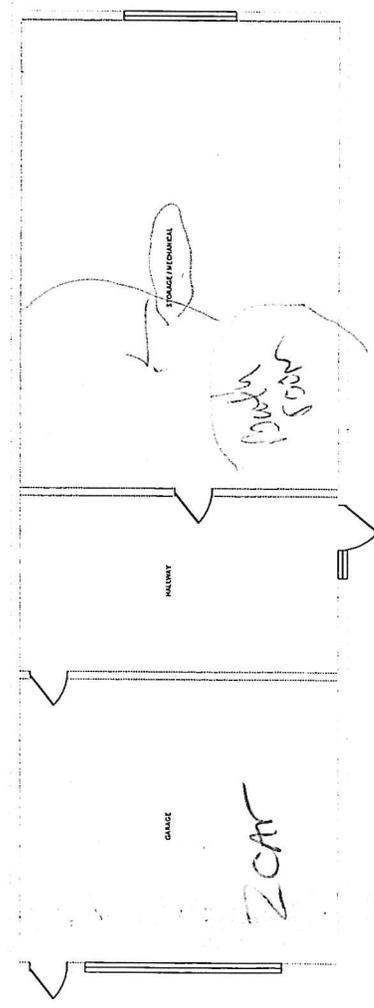
Sincerely,
Priya Akkathara
Fannie Mae
Assistant Vice President

PRIYA AKKATHARA
Sale Representative

Raising roof
 Repairing damaged walls
 due to water damage
 Replacing kitchen
 removing kitchen
 replacing windows/doors

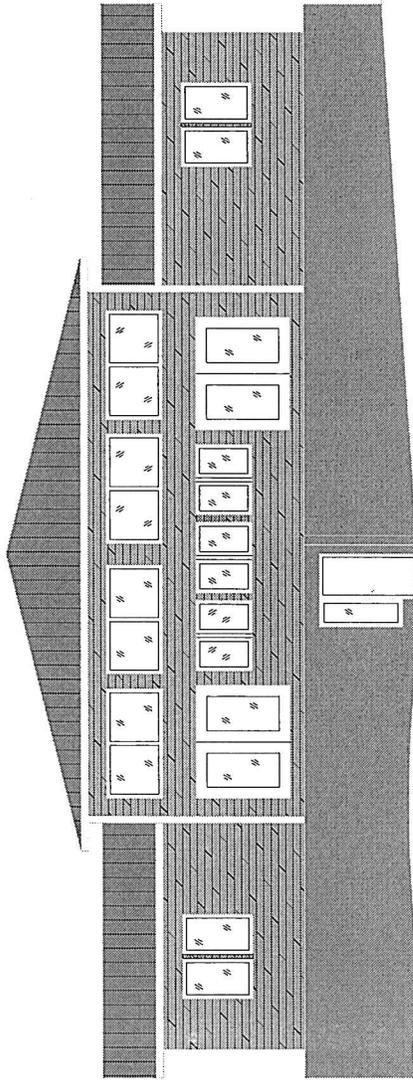


FIRST FLOOR
 11.11.11

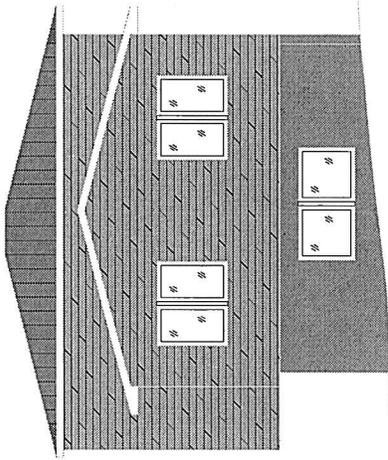


BASEMENT
 11.11.11

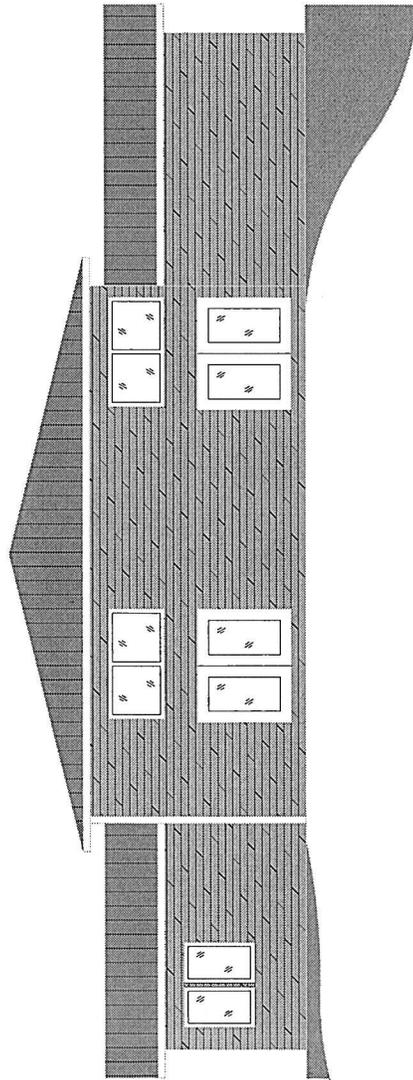
OUELLETTE RESIDENCE		DATE	11/11/11
PROPOSED FLOOR PLANS		SCALE	1/8" = 1'-0"
EDO		PROJECT NO.	10010
EMILE D. OUELLETTE		CLIENT	EDO
ARCHITECT		DATE	11/11/11
10010		PROJECT NO.	10010
11/11/11		DATE	11/11/11



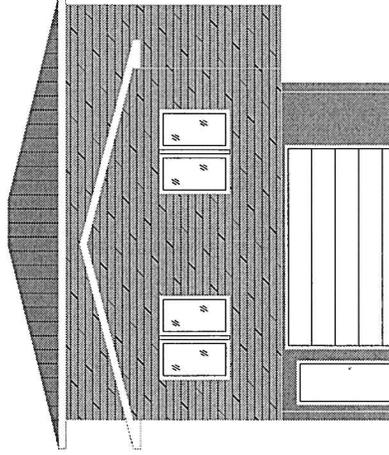
NORTH ELEVATION
SCALE 1/8" = 1'-0"



WEST ELEVATION
SCALE 1/8" = 1'-0"



SOUTH ELEVATION
SCALE 1/8" = 1'-0"



EAST ELEVATION
SCALE 1/8" = 1'-0"

OUELLETTE RESIDENCE	
PROPOSED ELEVATIONS	
EDO	
EMILE D. OUELLETTE	
PROFESSIONAL ARCHITECT	
225 BROADWAY, SUITE 200	
BOSTON, MASSACHUSETTS 02108	
DATE: 10/21/15	SCALE: 1/8" = 1'-0"
PROJECT NO: 1501.0	DATE: 10/21/15
DESIGNED BY: EDO	SCALE: 1/8" = 1'-0"
DRAWN BY: EDO	DATE: 10/21/15
CHECKED BY: EDO	SCALE: 1/8" = 1'-0"
PROJECT NO: 1501.0	DATE: 10/21/15

APPLICATION FOR SEWAGE SYSTEM PERMIT

The undersigned hereby applies for permission to make certain improvements as described below. All construction to be completed in accordance with the Health Regulations of the Town of Essex and the State of Vermont.

Street Essex Highlands No. 23 Lot Size: Ft. Frontage 363.33 Ft. Depth 250+

Lot No. 6 Owner W. Duff Area of Leach Field 4 lines 50' long

Septic Tank Size 1000 gal. No. of Bedrooms 3 Construction to be started July 1976

Single Duplex Multiple Dwelling Commercial Industrial

Other _____

Plot to scale: Lot, Building(s), Septic Tank, and Leach Field. Also show any existing water lines, wells or streams. Attach Plot Plan to this form.

PERCOLATION RATE 5 Mins/inch DEPTH OF LEDGE hard pan at 6 1/2'
SOIL TYPE Stetson (Gravel) DEPTH OF GROUND WATER TABLE 3 1/2' See plot plan

I certify the above information to be true and correct and complies with all Town and State regulations governing subsurface disposal systems.

Signature of Owner

M. Beliveau

Signature of Contractor



Address of Owner

7 W. Hillcrest, Essex Jct. Vt.

Address of Contractor Engineer

Fee Paid \$ _____ Application: Rejected Approved

Date Approved 6-27-76 Issued to: William Duff

HEALTH ORDER

Notice of penalty: Owner and/or Contractor is hereby ordered that all construction is to be completed and inspected in accordance with the Health Regulations of the Town of Essex, as duly adopted by the Essex Board of Health on November 27, 1972, as provided in Title 18, Chapter 11 of the Vermont Statutes Annotated; and any person who neglects or refuses to so comply shall be subject to a fine of not more than 500.00 as provided by said Chapter.

Jerry A. Duff
Health Officer or Assistant

Inspected and approved by the undersigned representative of the Essex Board of Health on _____ 19 _____.

Health Officer or Assistant