

Appeal Period Expires 8.4.15  
 Zoning District 01

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

Application Date 1/1  
 Permit Number 2015-115

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: Audrey Butler

**A** Parcel Account Numb. (Map-Parcel-Lot) 2097003000  
 (found in Town Assessor's Office)  
 Property Address: 1 Chapin Rd  
 Owner: T.O.E. + Epilepsy foundation UT  
 Applicant  
 Owner Address: P.O. Box 6292, Rutland 05702  
 Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 318 1575 (Email) epilepsy@sover.net  
 Contractors name: epilepsy foundation Phone: \_\_\_\_\_  
audrey 10104 Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 8/8/15 Completion: 8/19/15  
 Sq. Feet: 0 Estimated Cost (labor & materials): \$ 0

**G**

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

<b>Residential:</b>	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"/>
<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 \$ N/A Date Paid: 1/1  
 Proposed New Bedrooms: 0 Existing Bedrooms 1

**C** Water (Please attach Water Service Application).  
 Public  Private  Fee \$ N/A Date Paid: 1/1

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

**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.

**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.)  
1 Day event -  
26th Annual Epilepsy Mudwrestling Ball  
Tourney

**G** Signature of Tenant and Signature of Owner Audrey Butler

**Office Use Only**

Fees	Type	Amount	Date Pd
Permit		\$	<u>1/1</u>
Recording		\$ <u>10.00</u>	<u>1/21/15</u>
Certificate of Occ		\$	<u>1/1</u>
Other		\$	<u>1/1</u>

**Building Permit**  
 Approved  Rejected  Date 1/20/15  
 Issued to: T.O.E. + Epilepsy foundation  
 Zoning Administrator: Jenna Kelley  
 Notes: insurance form attached  
 C.O. Required Yes  No

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

(web) 11/02/10