

Appeal Period Expires 8/20/14
 Zoning District R2

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

Application Date 1/14/14
 Permit Number 2014-121

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: [Signature]

A Parcel Account Numb. (Map-Parcel-Lot) 2-050 015-000
 (found in Town Assessor's Office)
 Property Address: 7 TANGLEWOOD DRIVE
 Owner: DAVID ALOFSIN + Catherine LeVert
 Owner Address: ''
 Owner Phone: (work) 802 0581661 (home) ---
 * (cell) 802 598 5818 (Email) dalofsin@gmail
 Contractors name: CHULK CHATNOV Phone: ---
 Cell: ---
 Estimated Construction Dates: Start: 8/20/14 Completion: 10/15/14
 Sq. Feet: 712 Estimated Cost (labor & materials): \$25,000 - 30,000

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 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:			
Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input checked="" 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"/>

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

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 ___/___/___

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.)
Finishing approx 150 s.f. of attic space to accommodate an enlarged living room + relocate bedroom in apt. (staying under 300 sq ft)
2) Deck additions

G Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>8/19/14</u>
Recreation		\$ <u>---</u>	<u>---</u>
Recording		\$ <u>10.00</u>	<u>8/19/14</u>
Certificate of Occ		\$ <u>---</u>	<u>---</u>
Other		\$ <u>---</u>	<u>---</u>

Approved Rejected Date 8/5/14
 Issued to: Alofsin + LeVert
 Zoning Administrator: [Signature]
 Notes: Energy code given

C.O. Required Yes No

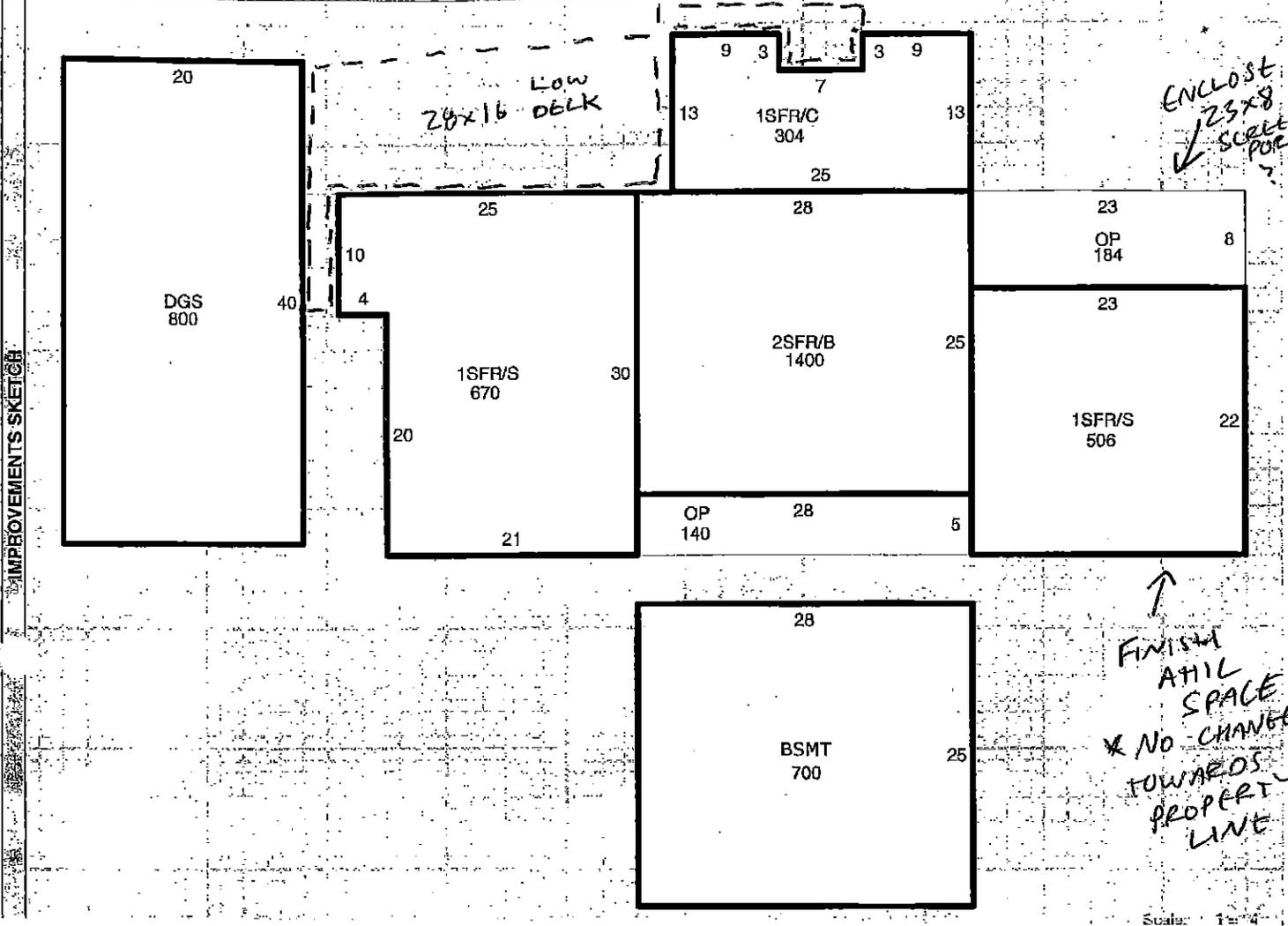
THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

(web) 11/02/10

PROPERTY LINE NO WHERE CLOSE TO 25' of new deck

PROPERTY ADDRESS 7 Tanglewood Dr
 City Essex (Town) State VT Zip 05452
 Owner
 Client
 Appraiser Name

NOTHING TOWARDS PROPERTY LINE



TANGLEWOOD