

Appeal Period Expires <u>9/12/14</u> Zoning District <u>R2</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>08/28/2014</u> Permit Number <u>2014-129</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: _____

A	Parcel Account Numb. (Map-Parcel-Lot) <u>2-101-003-011</u> <small>(found in Town Assessor's Office)</small> Property Address: <u>21 Sydney Drive</u> Owner: <u>Patrick A / Diane M Neal</u> Owner Address: <u>21 Sydney Drive</u> Owner Phone: (work) <u>879-5605</u> (home) <u>878-3752</u> <u>Diane</u> (cell) <u>233-2343</u> (Email) <u>dprncule@comcast</u> Contractors name: <u>David Cone</u> Phone: <u>864-6375</u> <u>(DC Construction)</u> Cell: <u>343-2102</u> Estimated Construction Dates: Start: <u>9/15/2014</u> Completion: <u>9/29/2014</u> Sq. Feet: <u>578</u> Estimated Cost (labor & materials): <u>\$27,000</u>
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B	Sewage Disposal (Please attach Sewer or Septic Application). Public <input type="checkbox"/> Private <input type="checkbox"/> Connection Fee \$ _____ Date Paid: ___/___/___ Proposed New Bedrooms: _____ Existing Bedrooms _____
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C	Water (Please attach Water Service Application). Public <input type="checkbox"/> Private <input type="checkbox"/> Fee \$ _____ Date Paid: ___/___/___
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D	Driveway (Please attach copy of approved Curbcut / Utility Application). Date of approval ___/___/___
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E	Stormwater <input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application. <input type="checkbox"/> 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.
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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.) <p style="text-align: center; font-size: 1.2em;">see attached</p>
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G	Signature of Tenant and Signature of Owner <u>Diane Neal</u>
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G			
Check box(es) which describe proposed use or construction (circle choice in parenthesis). N = New A = Addition R = Remodel			
<i>Residential:</i>	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"/>
<i>Inclusions or Additions:</i>			
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 <u>replace with larger deck</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
<i>Non-residential:</i>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stormwater:</i>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			
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 Paid
Permit		\$ <u>67.50</u>	<u>8/28/14</u>
Recreation		\$ _____	_____
Recording		\$ <u>10</u>	<u>8/28/14</u>
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___
Building Permit			
Approved <input checked="" type="checkbox"/>	Rejected <input type="checkbox"/>	Date <u>8/28/14</u>	
Issued to: _____			
Zoning Administrator: <u>David Kelly</u>			
Notes: _____			
C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

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