

Appeal Period Expires 6/27/14 Town of Essex, Vermont Application Date 1/1  
 Zoning District MXD-P4D (R2) Application for Zoning Permit Permit Number 2014-79  
 www.essex.org

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: Ann K. Larsen

**A** Parcel Account Numb. (Map-Parcel-Lot) 2- 100001-033  
 (found in Town Assessor's Office)  
 Property Address : 23 STANWARD DRIVE  
 Owner: Ann K. Larsen  
 Owner Address: 23 STANWARD DRIVE  
 Owner Phone: (work) \_\_\_\_\_ (home) 879-5360  
 (cell) \_\_\_\_\_ (Email) \_\_\_\_\_  
 Contractors name: Champlain CCR Phone: 316-1482  
Mark Clifford Cell: 338-8643  
Kerry Linn Patrick  
 Estimated Construction Dates: Start: 7/2/14 Completion: 8/2/14  
 Sq. Feet: 2000 sq ft Estimated Cost (labor & materials): \$ 20,000.00

**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"/>
<b>Inclusions or Additions:</b>			
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 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 \$ \_\_\_\_\_ Date Paid: 1/1  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

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

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

**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.)  
Enclosing existing patio to 4-season porch

**G** Signature of Tenant and Signature of Owner \* Ann K. Larsen

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>50-</u>	<u>6/12/14</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>10-</u>	<u>6/12/14</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

**Building Permit**  
 Approved  Rejected  Date 6/12/14  
 Issued to: Ann K. Larsen  
 Zoning Administrator: Jason J. Kelly  
 Notes: Energy code given  
Homeowner's notified  
per ordinance.  
 C.O. Required Yes  No

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

(web) 11/02/10

Property Line

50' H

16'

3005ft<sup>2</sup>  
PATIO

PATIO

garage

21

STANDARD

8'

garage

23

STANDARD

PATIO

garage

25

STANDARD

PATIO

garage

27

STANDARD

STANDARD DRIVE

The Commons at Essex Way Association  
Unit Modification Request Form  
R (06/05)

10/22

Please complete and submit this form to the Board of Directors. Please refer to the Unit Modification Procedures prior to completion of form.

Homeowner/s: ANN LARSON

Address: 23 S Phone: 879 5361

Please give a detailed description of the proposed modification below. A separate page may be attached for this purpose. Please specify location, measurements, and type/s of material/s to be used. State known or anticipated impact/s on "Common Elements" and/or "Limited Common Elements", adjacent units and/or other units. Attach supporting documents such as pictures, drawings, and relevant documents from manufacturer or contractor.

Enclose <sup>ake</sup> (Replace) ~~sun~~ brick patio with sunroom and "back hall corridor" to attach onto current back door. Mark Celi et al to do work and will provide drawings.  
Roof - extend roof line from master BR to attach over garage roof.  
Windows - triple window on south (same type/make as one on west (facing garage wall), glass door to east (re-use back door.)

I accept responsibility for any and all costs associated with this proposed modification. I also accept responsibility for any and all repairs of interior and exterior damage on my unit or any other unit that may result from this modification, including but not limited to moisture damage, insect incursion, structural damage or other acts of man or nature. I have read the Unit Modification Procedures.

Signature: Ann Larson Date: 6/10/14

Below line for Board use only:

Date received: 10 JUN 2014 By Board member: Ann G  
Your request has been placed on the board meeting agenda. The meeting will be held on

   /   /    at     pm. Location:      
Attendance is recommended but not required.

Board of Director's action:

Date: JUNE 17  Request approved:

Date:      Additional information required:

Date:      Request denied:

