

Appeal Period Expires 11/4/14
 Zoning District AR

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

Application Date 2014-155
 Permit Number 2014-155

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: C.R. Siegrist

A Parcel Account Numb. (Map-Parcel-Lot) 2- 033-001-000
 (found in Town Assessor's Office)
 Property Address: 220 RIVER ROAD
 Owner: C. R. SIEGRIST
 Owner Address: 232 RIVER ROAD
 Owner Phone: (work) 878-3104 (home) _____
 (cell) SAME (Email) _____
 Contractors name: Ron Siegrist Phone: 878-3104
 Cell: SAME
 Estimated Construction Dates: Start: 10/15/14 Completion: 10/31/14
 Sq. Feet: 200 Estimated Cost (labor & materials): \$ 1000

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Shed</u>	<input checked="" 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"/>

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

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

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

E Stormwater N/A
 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.)
over

G Signature of Tenant and Signature of Owner C.R. Siegrist

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>30</u>	<u>10/15/14</u>
Recreation		\$ _____	<u>10/15/14</u>
Recording		\$ <u>10</u>	<u>10/15/14</u>
Certificate of Occ		\$ _____	<u>1/1/</u>
Other		\$ _____	<u>1/1/</u>

Building Permit
 Approved Rejected Date 10/15/14
 Issued to: C. Ronald & Alice Siegrist
 Zoning Administrator: Sharon Kelly
 Notes: _____
 C.O. Required Yes No