

Appeal Period Expires 10/26/12
 Zoning District R2
Town of Essex, Vermont
Application for Zoning Permit
 www.essex.org
 Application Date 1/1/12
 Permit Number 2012-226

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 Christina Magar

A Parcel Account Numb. (Map-Parcel-Lot) 2-098-005-024
 (found in Town Assessor's Office)
 Property Address: 24 Skelebrush Rd
 Owner: ~~Christina Magar~~ ^{and rews} Christina Magar
 Owner Address: 24 Skelebrush Rd Essex, VT 05758
 Owner Phone: (work) _____ (home) _____
 * (cell) 802-734-6809 (Email) Cmagar@comcast.net
 Contractors name: Chris Penina Phone: _____
 - SELF ~~Chris Penina~~ Cell: _____
 Estimated Construction Dates: Start: 10/16/12 Completion: 10/1/13
 Sq. Feet: 500' +/- Estimated Cost (labor & materials): \$10,000

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 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 checked="" 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 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"/>
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: 1/1/12
 Proposed New Bedrooms: 0 Existing Bedrooms Existing

C Water (Please attach Water Service Application).
 Public Private Fee \$ _____ Date Paid: 1/1/12
Existing

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 1/1/12 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.)
on back
Over

G Signature of Tenant and Signature of Owner Christina Magar

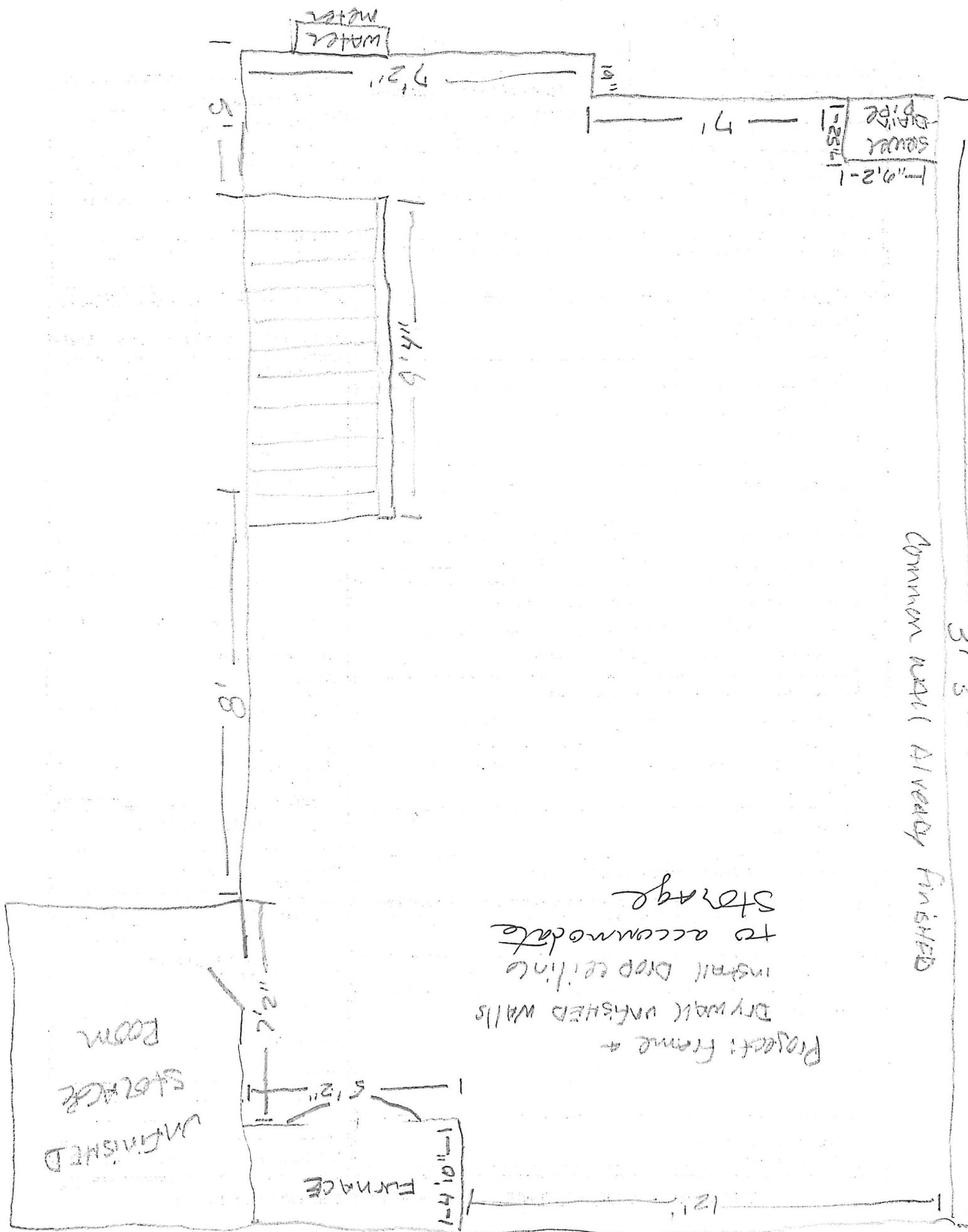
Office Use Only			
Fees:	Type	Amount	Date Paid
Permit		<u>\$50.00</u>	<u>10/19/10</u>
Recreation		\$ _____	
Recording		<u>\$10.00</u>	<u>10/19/10</u>
Certificate of Occ		\$ _____	<u>1/1/12</u>
Other		\$ _____	<u>1/1/12</u>
Building Permit			
Approved:	<input checked="" type="checkbox"/>	Rejected:	<input type="checkbox"/>
Date:	<u>10/11/12</u>		
Issued to:	<u>Andrew Christina Magar</u>		
Zoning Administrator:	<u>Sharon L. Kelley</u>		
Notes:	<u>Applicant instructed to check with its Association bylaws prior to construction</u>		
C.O. Required	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

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

(web) 11/02/10

31'5"

Common wall already finished



F: (Diagram)

Project: frame +
 DRYWALL UNFINISHED WALLS
 install DROP ceiling
 to accommodate
 storage

UNFINISHED
 STORAGE
 ROOM

FURNACE

1"01/4-1

5'2"

11'2"

1'8"

5'1"

7'2"

14"

4'

1"25/4"

SEWER
PIPE

1"02-1

WATER
METER

14'6"