

Appeal Period Expires 10/02/10
 Zoning District R2

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

Application Date 1/1
 Permit Number 2010-137

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 and it must remain posted throughout the construction period.

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.

Occupancy of the premises shall not take place until a Certificate of Occupancy is obtained.

Approval is subject to accuracy of information provided by the applicant.

A Parcel Account Numb. (Map-Parcel-Lot) 2-096-001-054
 (found in Town Assessor's Office)
 Property Address: 10 Hampshire Ct. Essex VT
 Owner: Amy & Mike Smith
 Owner Address: 10 Hampshire Ct Essex VT
 Owner Phone: (work) 8636384 (home) 8729377
 * (cell) 3732086 (Email) amy@1212aw.com
 Contractors name: Matt Munns Phone: 8992773
 Cell: -
 Estimated Construction Dates: Start 10/15/10 Completion: 3/1/11
 Sq. Feet: N/A Estimated Cost (labor & materials): \$2500

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 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
 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

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.)

- current 1st floor full bath -> 3/4 bath to become 3/4 bath + shower stall vs tub to allow Pantry on kitchen side



G Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	\$ <u>50.00</u>	<u>01/15/10</u>
	School	\$ _____	<u>1/1</u>
	Recreation	\$ <u>7</u>	<u>1/1</u>
	Recording	\$ <u>10.00</u>	<u>01/15/10</u>
	Other	\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 09/17/10

Issued to: Smith, Michael A & Amy

Zoning Administrator: Debra W. Farley

Notes: _____

C.O. Required Yes No

F Diagram – Provide diagram here and include all setbacks

Kit removed Family Room - removal of wall - plus adding a slider
(---) Removal of wall
(X) Parting

