

Appeal Period Expires 11/21/16  
 Zoning District R2

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

Application Date 1/1  
 Permit Number 2010-136

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) 2-044-021-000  
 (found in Town Assessor's Office)  
 Property Address: 9 GLENWOOD DR  
 Owner: JAMES & SUSAN OVERFIELD  
 Owner Address: SAME AS ABOVE  
 Owner Phone: (work) 879-0313 (home) 879 0549  
 (cell) 310-2464 (Email) JAMES.OVERFIELD@VVM.EDU  
 Contractors name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 9/16/2016 Completion: 10/15/2016  
 Sq. Feet: \_\_\_\_\_ Estimated Cost (labor & materials): \$20,000

**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 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"/>
<b>Inclusions or Additions:</b>			
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"/>
<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 4 N/A

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

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

**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.)  
REMODELING 2 BATH ROOMS  
NO CHANGE IN FOOTPRINT.

**G** Signature of Owner James H. Overfield

**Office Use Only**

Fees:	Type	Amount	Date Pd
	Permit	\$ <u>50.00</u>	<u>09/15/10</u>
	School	\$ _____	_____
	Recreation	\$ _____	_____
	Recording	\$ <u>10.00</u>	<u>09/15/10</u>
	Other	\$ _____	_____

**Building Permit**  
 Approved  Rejected  Date: 9/17/10  
 Issued to: OVERFIELD, JAMES H.  
& SUSAN  
 Zoning Administrator: DARRY FOLEY  
8/12/10  
 Notes: \_\_\_\_\_

C.O. Required Yes  No

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