

Appeal Period Expires 4, 18, 09  
 Zoning District R2

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

Application Date 1/1  
 Permit Number 2009-22

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) 2-0 82-002-262  
 (found in Town Assessor's Office)  
 Property Address: 18 Partridge Dr.  
 Owner: Karen K Dean REV. TRUST  
 Owner Address: 18 Partridge Dr.  
 Owner Phone: (work) \_\_\_\_\_ (home) 879-0415  
 (cell) \_\_\_\_\_ (Email) \_\_\_\_\_  
 Contractors name: Delp Const. Phone: \_\_\_\_\_  
David Delp Cell: 578-2995  
 Estimated Construction Dates: Start: 4/6/09 Completion: 7/6/09  
 Sq. Feet: 1000 Estimated Cost (labor & materials): \$ 24,000

**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 checked="" 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"/>
Shed	<input 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).  
 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.)

*Finish off basement: sheetrock & trim  
 add (1) Full bath to basement  
 no bedrooms Added  
 Recreation area + storage*

**G**

Signature of Owner *[Signature]*

**Office Use Only**

Fees:	Type	Amount	Date Pd
	Permit	\$ <u>00.00</u>	<u>4/3/09</u>
	School	\$ _____	<u>1/1</u>
	Recreation	\$ _____	<u>4/3/09</u>
	Recording	\$ <u>16.00</u>	<u>4/3/09</u>
	Other	\$ _____	<u>1/1</u>

**Building Permit**  
 Approved  Rejected  Date 4/3/09  
 Issued to: Karen Dean  
 Zoning Administrator: Shirley Kelley  
 Notes: Informed to check w/ state for possible permit with them  
Scott McMahon - 879-5676

C.O. Required Yes  No

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