

|  |  |  |
|--|--|--|
| Appeal Period Expires <u>9/3/09</u><br>Zoning District <u>R2</u> | <b>Town of Essex, Vermont</b><br><b>Application for Zoning Permit</b><br>www.essex.org | Application Date <u>1/1</u><br>Permit Number <u>2009-114</u> |
|--|--|--|

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.

|          |   |
|----------|---|
| <b>A</b> | <b>Parcel Account Numb.</b> (Map-Parcel-Lot) 2- <u>066-001-125</u><br><small>(found in Town Assessor's Office)</small><br><b>Property Address:</b> <u>31 Logwood Circle</u><br><b>Owner:</b> <u>Paul + Jenni Seaver</u><br><b>Owner Address:</b> <u>Same</u><br><b>Owner Phone:</b> (work) <u>238-0672</u> (home) <u>879-8993</u><br>(cell) <u>238-0672</u> (Email) <u>PaulSeaver@Comcast.net</u><br><b>Contractors name:</b> <u>owner</u> Phone: _____ Cell: _____<br><b>Estimated Construction Dates:</b> Start: <u>9/1/09</u> Completion: <u>9/3/09</u><br><b>Sq. Feet:</b> <u>180</u> <b>Estimated Cost (labor &amp; materials):</b> \$ <u>4,000.00</u> |
|----------|---|

|          |   |
|----------|---|
| <b>B</b> | <b>Sewage Disposal</b> (Please attach Sewer or Septic Application).<br>Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Connection Fee \$ _____ Date Paid: <u>1/1</u><br>Proposed New Bedrooms: _____ Existing Bedrooms <u>N/A</u> |
|----------|---|

|          |   |
|----------|---|
| <b>C</b> | <b>Water</b> (Please attach Water Service Application).<br>Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Fee \$ _____ Date Paid: <u>1/1</u> |
|----------|---|

|          |  |
|----------|--|
| <b>D</b> | <b>Driveway</b> (Please attach copy of approved Curbcut / Utility Application)<br>Date of approval <u>1/1/09</u> |
|----------|--|

|          |  |
|----------|--|
| <b>E</b> | <b>Stormwater</b><br><input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.<br><input type="checkbox"/> 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. |
|----------|--|

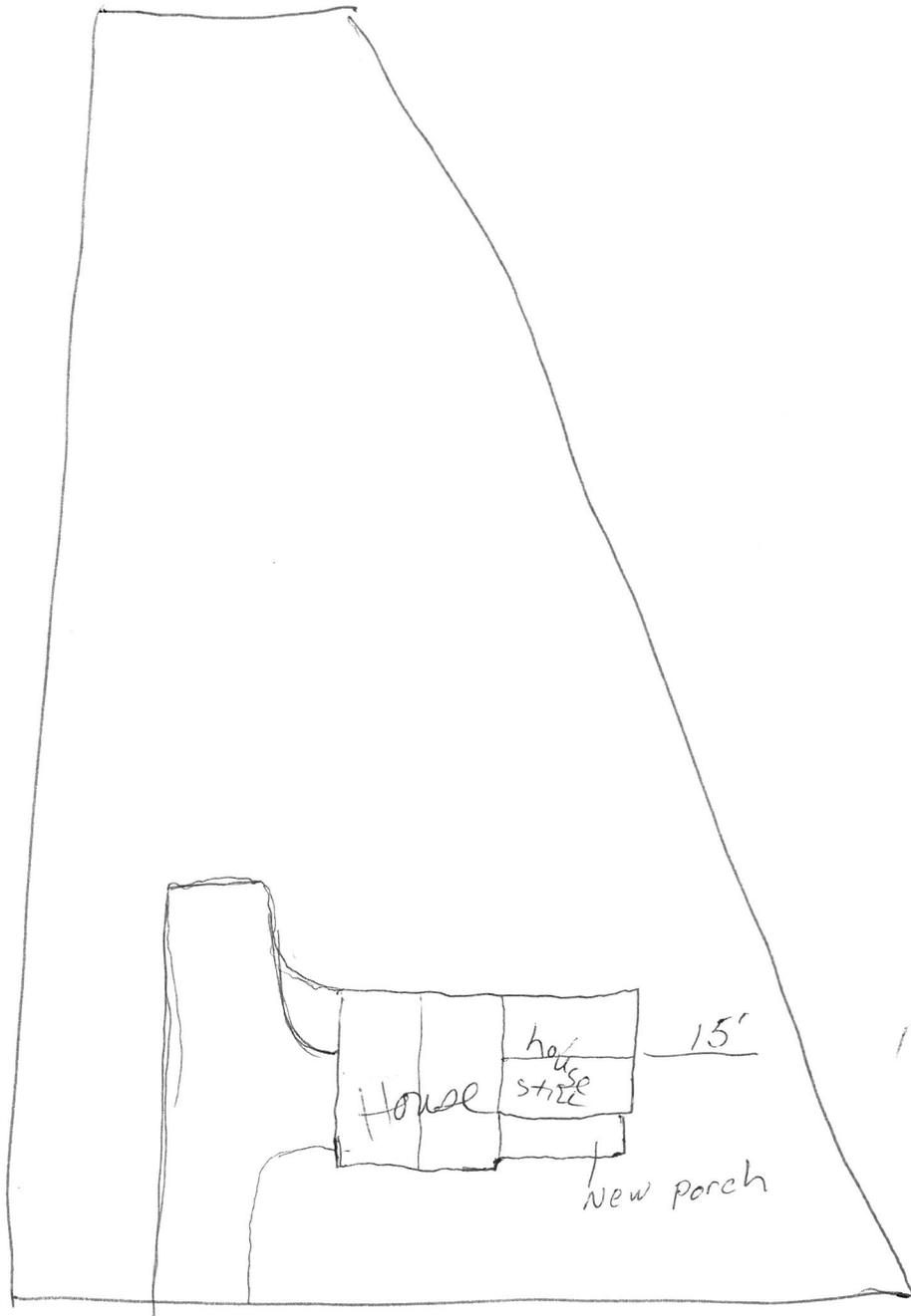
|          |   |
|----------|---|
| <b>F</b> | <b>Diagram</b> – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet. (Instruction sheet available upon request.)<br><br><div style="text-align: center; font-size: 2em; font-family: cursive;">over</div> |
|----------|---|

|          |  |
|----------|--|
| <b>G</b> | <b>Signature of Owner</b> <u>Paul Seaver</u> |
|----------|--|

|   |   |       |               |  |                            |  |              |  |                         |  |             |  |                                 |  |                              |  |                         |   |      |  |                          |  |      |  |                                  |  |                         |  |                         |  |                    |  |            |  |                 |  |               |  |               |  |               |  |         |  |
|---|---|-------|---------------|--|----------------------------|--|--------------|--|-------------------------|--|-------------|--|---------------------------------|--|------------------------------|--|-------------------------|---|------|--|--------------------------|--|------|--|----------------------------------|--|-------------------------|--|-------------------------|--|--------------------|--|------------|--|-----------------|--|---------------|--|---------------|--|---------------|--|---------|--|
| G   |   |       |               |  |                            |  |              |  |                         |  |             |  |                                 |  |                              |  |                         |   |      |  |                          |  |      |  |                                  |  |                         |  |                         |  |                    |  |            |  |                 |  |               |  |               |  |               |  |         |  |
| Check box(es) which describe proposed use or construction (circle choice in parenthesis).<br>N = New A = Addition R = Remodel   |   |       |               |  |                            |  |              |  |                         |  |             |  |                                 |  |                              |  |                         |   |      |  |                          |  |      |  |                                  |  |                         |  |                         |  |                    |  |            |  |                 |  |               |  |               |  |               |  |         |  |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><i>Residential:</i></td> <td style="text-align: center;">N A R</td> </tr> <tr> <td>Single Family</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Two-family (duplex)(other)</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Multi-family</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Condominium / Townhouse</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Mobile home</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td colspan="2"><i>Inclusions or Additions:</i></td> </tr> <tr> <td>Garage (attached) (detached)</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Porch (enclosed) (open)</td> <td style="text-align: center;"><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Deck</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Pool (in) (above) ground</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Shed</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Barn (residential) (agriculture)</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td colspan="2"><i>Non-residential:</i></td> </tr> <tr> <td>Commercial / Industrial</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td colspan="2"><i>Stormwater:</i></td> </tr> <tr> <td>Stormwater</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Erosion Control</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td colspan="2"><i>Other:</i></td> </tr> <tr> <td>Change in use</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Miscellaneous</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Renewal</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | <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 checked="" 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"/> |
| <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 checked="" 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"/>            |       |               |  |                            |  |              |  |                         |  |             |  |                                 |  |                              |  |                         |   |      |  |                          |  |      |  |                                  |  |                         |  |                         |  |                    |  |            |  |                 |  |               |  |               |  |               |  |         |  |

|  |            |                 |                 |           |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |
|--|------------|-----------------|-----------------|-----------|--|--|--------|-----------------|-----------------|-----------|--|--------|----------|------------|--|--|------------|----------|------------|--|--|-----------|-----------------|-----------------|-----------|--|-------|----------|------------|--|
| Office Use Only  |            |                 |                 |           |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Fees:</td> <td style="width:15%;">Type</td> <td style="width:15%;">Amount</td> <td style="width:15%;">Date Pd</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td>Permit</td> <td>\$ <u>50.00</u></td> <td><u>08/18/09</u></td> <td><u>lo</u></td> </tr> <tr> <td></td> <td>School</td> <td>\$ _____</td> <td><u>1/1</u></td> <td></td> </tr> <tr> <td></td> <td>Recreation</td> <td>\$ _____</td> <td><u>1/1</u></td> <td></td> </tr> <tr> <td></td> <td>Recording</td> <td>\$ <u>10.00</u></td> <td><u>08/18/09</u></td> <td><u>lo</u></td> </tr> <tr> <td></td> <td>Other</td> <td>\$ _____</td> <td><u>1/1</u></td> <td></td> </tr> </table> | Fees:      | Type            | Amount          | Date Pd   |  |  | Permit | \$ <u>50.00</u> | <u>08/18/09</u> | <u>lo</u> |  | School | \$ _____ | <u>1/1</u> |  |  | Recreation | \$ _____ | <u>1/1</u> |  |  | Recording | \$ <u>10.00</u> | <u>08/18/09</u> | <u>lo</u> |  | Other | \$ _____ | <u>1/1</u> |  |
| Fees:  | Type       | Amount          | Date Pd         |           |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |
|  | Permit     | \$ <u>50.00</u> | <u>08/18/09</u> | <u>lo</u> |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |
|  | School     | \$ _____        | <u>1/1</u>      |           |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |
|  | Recreation | \$ _____        | <u>1/1</u>      |           |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |
|  | Recording  | \$ <u>10.00</u> | <u>08/18/09</u> | <u>lo</u> |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |
|  | Other      | \$ _____        | <u>1/1</u>      |           |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |
| <b>Building Permit</b><br>Approved <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Date <u>8/18/09</u><br>Issued to: <u>Paul + Jenni Seaver</u><br>Zoning Administrator: <u>Sharon L. Kelly</u><br>Notes: <u>Sharon Kelly</u><br><u>City of Essex</u><br><u>Seaver</u>   |            |                 |                 |           |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |
| C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |            |                 |                 |           |  |  |        |                 |                 |           |  |        |          |            |  |  |            |          |            |  |  |           |                 |                 |           |  |       |          |            |  |

F Diagram – Provide diagram here and include all setbacks



meets all setbacks

Logwood Circle