

Appeal Period Expires 2/27/25
 Zoning District F1

Town of Essex, Vermont
Application for Zoning Permit
 (Building Permit)

Application Date 2/19/25
 Permit Number 2024-17

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
- Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.
- Call the Assessor at 878-1345 to schedule a re-assessment upon completion of work.
- Provide a diagram showing proposal and any easements, well or septic locations, etc.

SIGN HERE: [Signature]

A Parcel Account Numb. (Map-Parcel-Lot) 2- 053004-066
 Property Address: 16 Morse Dr
 Owner: Clinton Morse Family Trust
 Owner Address: 18 Morse Dr Essex
 Owner Phone: (work) _____ (Cell) 802 734 6969
 (Email) Brdmorseproperties@gmail
 Tenants name: KAS INC. Phone: 802 383 0486
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: / / Completion: / /
 Sq. Feet: 6000 Estimated Cost (labor & materials): \$

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 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 checked="" 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"/>

Engineering Firm

B Sewage Disposal (Please attach Sewer and/or State Septic Approval).
 Public Septic Connection Fee \$ _____ Date Paid: / /
 Proposed New Bedrooms: Existing Bedrooms

C Water (Please attach Water Service Application if applicable).
 Public Well Fee \$ _____ Date Paid: / /

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval: / /

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.

Signature of Tenant and Signature of Owner: [Signature]
[Signature]
see other side attached

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>150</u>	<u>2/12/25</u>
Recreation		\$ _____	<u> </u> / <u> </u> / <u> </u>
Recording		\$ <u>30</u>	<u>2/12/25</u>
Certificate of Occ		\$ <u>100</u>	<u>2/12/25</u>
Other		\$ _____	<u> </u> / <u> </u> / <u> </u>

Approved Rejected Date 2/12/25

Issued to: Clinton Morse Family Trust

Zoning Administrator: Sharon Kelley

Notes: see 28 # 2025-16 for setup

C.O. Required Yes No
 (Certificate of Occupancy)

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
 RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**

narrative / floor plan

who, how & operation, # of employees, description of business.

Tenant:

KAS INC.
589 Ave D
Williston VT

Hours: 7:30-5 M-F

Employees: 12 Full time - 2 Clients Average

What They Are:

Environmental Consulting +
Civil Engineering Firm

F Diagram - Provide diagram here and include all setbacks

