

Appeal Period Expires 4/14/25  
 Zoning District R22

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

Application Date   /  /    
 Permit Number 2025-34

- 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:** \_\_\_\_\_

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-2802-401-0240140000  
 Property Address : 9 Valleyview dr essex jct vt 05452  
 Owner: Trevor lamson  
 Owner Address: 9 Valleyview dr essex jct vt 05452  
 Owner Phone: (work) 802-879-0145 (Cell) 802-498-8738  
 (Email) trevorlamson81@gmail.com  
 Tenants name: Self Phone: \_\_\_\_\_  
 (or contractor) 4-15-25 Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 04/15/25 Completion: 05/30/25  
 Sq. Feet: 330 Estimated Cost (labor & materials): \$5000  
102500

**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 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"/>
<i>Inclusions or Additions:</i>			
Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 and/or State Septic Approval).  
 Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_  
 Proposed New Bedrooms: 0 Existing Bedrooms 4

**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 : \_\_\_/\_\_\_/\_\_\_ 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.

See attached  
see attached  
 Signature of Tenant and  
 Signature of Owner \_\_\_\_\_

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>3/29/25</u>
Recreation		\$ _____	____/____/____
Recording		\$ <u>15</u>	<u>3/28/25</u>
Certificate of Occ		\$ _____	____/____/____
Other		\$ _____	____/____/____

**Building Permit**  
 Approved  Rejected  Date 3/31/25

Issued to: Trevor J. Lamson

Zoning Administrator: Shankelley

Notes: ABES info given

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**

# HOME THEATER BUILD

F Diagram - Provide diagram here and include all setbacks REMOVE OF RIGHT SIDE GARAGE DOOR REPLACE WITH T111 SIDING TO MATCH THE REST OF THE HOUSE

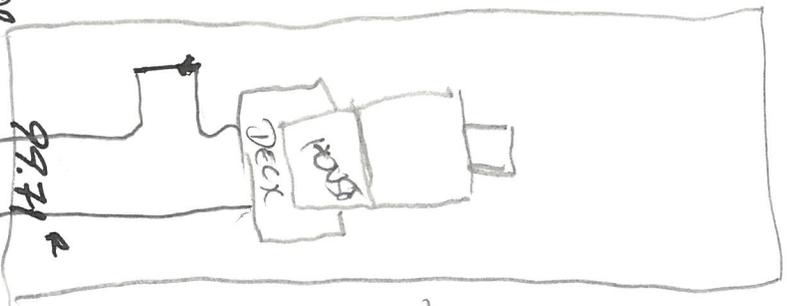
~~REMOVE EXISTING DOOR~~

DO EXISTING REVISION, OR EXISTING WALLS WITH NEW

REMOVE 2x6 WALL 16" ON CENTER IN REAR OF DOOR

3/4 PL, TWICK THD T111 OUTSIDE WALL (PAINT TO MATCH) PARKING SPACES LEFT

INSULATE ENTIRE FOR FENESTRA WITH SHEET ROCK SOUND PROOF WITH RESISTANT CHAIRS INSULATE 90 WINDOWS POLYMER DOOR



PROPERTY LINES

PLEASE CALL 802-498-8738 w/ QUESTIONS